CSD		TYPE OF FUND	ATE WELFARE FUND		MONTH YEA ANUARY 202
DATE	ITEM AND EXPLANAT	The state of the s		AMOUNT	TOTAL
1/1/22	BANK BALANCE	BEG	INNING BALANCE		£ 4 400 COZ ED
		WELLS FARG	CRANK		\$ 1,483,607.50
			DEPOSITS IN TRANSIT	\$685.00	
			OUTSTANDING CHECKS	\$0	
		BECE	IPTS THIS MONTH	TOTAL	\$1,482,922.50
1/14/22	PARTNERS FOR A SA			\$250,000.00	
				0200,000.00	
1/21/22	PARTNERS FOR A SA	FERAMERICA, INC	o.	\$133,888.00	
1/10/22	INTEREST EARNED			\$22.11	
				TOTAL	
			BEGINNING BALAN	CE PLUS RECEIPTS	\$1,866,832.61
1/5/22	Check #2051 RKM CO		EMENTS THIS MONTH		
1/21/22 1/21/22 1/25/22 1/25/22	Check #2052 DIRECTY Check #2053 GUARDI Check #2054 RKM CO Check #2055 HOME D	/ IWF 22-002 AN RFID IWF 22-00 MMUNICATIONS IN	03 VF22-004	\$1721.25 \$328.24 \$12500.00 \$1493.78 \$1079.35	
				TOTAL	\$ 17,122.62
					\$1,849,709.99
		EN	DING BALANCE		
1/31/21	BANK BALANCE				\$1,865,111.36
			DEPOSITS IN TRANSIT	\$0	
			OUTSTANDING CHECKS	\$15,401.37	
	(PLEASE REF	ER TO ATTACHED	BANK RECONCILIATION SCHEDULE)		
WEIGH SALL		Loire	AUGUS AANAUS	TOTAL	\$1,849,709.99
VISION COMMAND	:K	DATE	AUDIT COMMITTEE	PREPARED BY	Samuel Comme
ORLANDO	CHANDLER, Captain	JEFF WONG N2799 (), W (2/15/22 JERRY LEE N4522		DO M.CA	RTER N3754
Comm	anding Officer Services Division	2113122	JERRY LEE N4522	TELLITORE EXTEN	3.01

DA	DATE SUBMITTED ITEM(s) REQUE					D:		CONT	ROL NUM	IBER
	12/20/2021	Emerg	ency	call out car	nera syst	em not n	ecording	10/22-01	D/	
	Submitted by			Serial No	o		Assignm	ent:	Phone	e:
D.	O. Marie Graha	ım		N3073			CSD/VJS			
	Type of Expendit	ure:		Facility		Se	tign OIC	Approval Signatur	re:	Serial No.
	REOC CURR	ING		MJS	AREAS					27533
x	NEW			77TH	ALL	Admin !	Section i	Review Signature:		
	OTHER (explai	n below)	X	VJS	OTHER	(explain):				
Descri	ption of expendit							ripment, size, installation cations for repair		
second Correct	technician was	logged re to config	mote uratio	ly into serve	er where i	nultiple p	problem	ooted system with s in Verint system eadjusted time set	configu	ration.
		Justificat	ion for	expenditur	e (how wil	I the exp	enditure	benefit inmates):		
Th- 00	CTV system is es									
The CC	orv system is es	ential in pi	OVIGIN	g enecuve a	iccurity to	valicy oal	**			
D. To T										
				n City resour				enditure:		
Expendi	ture was not incli	ided in the	City's	budget and	directly be	enefits arr	estees.			
Ections	ated Cost: 17	21.25	ΙΔ	ctual Cost:	1721	25	City A	pproved Vendor:	X Yes	No
ESCHIII								for new purchases		
			5 COIL	Contact	- i	Pho		e w Kitte	timate:	2,000)
1 R	Company Name			Robert Man	fin	C 37.		1721.25	aniate.	
2	K.M Communica	uons		Robert War	UII					
3										
Vendor	Selected:	R.K.M.	Com	munications	3	Reason S	elected:	Price City	Vendor	X Other
				DO NOT V	WRITE BEL	OW THIS	LINE			
	Commanding Office	or / Fund Chair:				5/20		Serial No.:	Date:	. ,
Approv Denied		James!	MAN	CIG				26288	12/	13/82
Apprev	Member Name:	T. T. T. S.					1 8	Serial No.:	Date:	
Oenled	GARY	NEW	TON					42010	/A/	29/21
NET Approx	Member Name:	1/2/134						35 (1 D	Dates	4/27:
☐ Denied	11						1			4166
Approv		ing Allicer, 555	4-	Signature:				Serial No.:	Date:	
☐ Denied	Denied			Cleatabase	afr einh+			Serial No.:	Date:	
Approv	teguired 8 Over \$50,008 Commanding Officer, AS Approved Danied			Signature:				erace such 1900s	- WALL	

DATE SUBMITTED ITEM(s) REQUESTED:						CON	TROL NUMBER		
	01/14/22			DI	RECTV			17	WF 22-002
	Submitte	ed by:	Seria	al No.			Assignme	nt:	Phone:
	O.O. Carter		N3	754			MJS/CSI		
	Type of Exp	enditure:	Fac	ility		- 156	ction OI	Approval Signatu	ure: Serial No
X	REOC	CURRING	MJS	X	AREAS				22 nos
	N	IEW	77TH		ALL	Admie	Section Re	view Signature:	
	OTHER (e	xplain below)	VJS		OTHER	(explain)	4	V	
Desc	ription of exp	enditure (includ	e detailed Informa	tion, i	.e. make, n	nodel, acc	essory equi	oment, size, installat	ion requirements, etc.):
V se	rvice for an		ousing units p Reason City re	er T	itle 15.			enefit inmates):	
								e benefit of the	
Estim	ated Cost:	\$328.24	Actual Co		\$328.			proved Vendor:	x Yes No
				Miller	imates (n	_		or new purchases	
1	Company N		Contactustomer Service		_	Pho 888-38	ne: 38-4249	\$328.24	stimate:
2	Dir	CC14	JUSTOFILET SETVIC	U				\$520.24	
3 Vendo	or Selected:	DIRE	CTV			Reason S	elected:	Price City	Vendor X Other
		-	DO N	OT W	RITE BEL	OW THIS	LINE		
Appn Danis Required Danis	oved car Au Member Nau oved car Au Member Nau oved car Au Member Nau oved car at a c	M NE	HANGLER WITH	ature:			Ser Ser	tel No.: 26297 tel No.: 70/0 tel No.: 3 5 1 1 0 tel No.:	Date: 01-18-22 Date: 61-14-22 Date: 01-24-22 Date: Date:
Appe	oved	34911							

DAT	E SUBMITTE	ITEM	(s)	REQUESTE	D:		CONTROL NUMBER			
	1/14/22		GUARD	IAN	RENEW	AL FEE		1/	WF-22-0	03
	Submitte	d by:	Seria	l No		A	ssignme	nt:	Pho	ne:
SE	O BRYAN	T	N48	517		(CSD			a. a
Т	ype of Expe	enditure:	Faci	ility		54:	ion OIC	Approval Signett	ure:	Serial No.
X	REOCO	CURRING	MJS		AREAS				30	32701
	N	EW	77TH	X	ALL	Adrig	ection Re	view Signature:	-	
	OTHER (e	xplain below)	VJS		OTHER	(explain):		11		
Descrip	tion of expe	enditure (include d	detailed informal	tion,	i.e. make, n	nodel, acce	ssory equi	oment, si e /nstallat	don requir	ements, etc.):
Guardian	system pr	the yearly system ovides real-time ovironments. Con Installation full	m renewal fee e cell check of mbined with the	of locu he R erni	the Guard mentation MS systen zation con	ian RFID s n. Addition n. Guardia nmitmenti	system for hally, it p in RFID p (s).	enefit inmates): or all of Custody provides a multit rovides increased diture:	Services	other services
No city f and sup		llocated. Guard	dian is consid	dere	ed a sole	source ve		sed on devices		
Estima	ted Cost:	\$12,500.00	Actual Co			500.00		proved Vendor:	Ye	Beent
	List of r	on-City vendors	s contacted fo	r es	timates (r			or new purchase	***************************************	10,000)
	Company N		Contac			Phone:		age to find	stimate:	
2 3	GUARD	DIAN RFID	PAUL B	AZE				\$12,500.0	00	
	Selected: G	UARDIAN RFII)			Reason Se	elected:	P rice Cit	y Vendo	X Other
				TC	VRITE BEL	OW THIS I	INE			
Approve Denied Approve Denies Approve Denies	Member Na And Member Na Syt	et wer	TON				Se &	761 No.: 262-87 7181 No.: 77018 7181 No.: 35110	Date:	-18-27 -14-22 -24-22
Approve Dented	ed 100.802 Col	romaning Officer, ASB:		ature:				rlal No.:	Date:	

DATE SUBMITTED ITEM(s)					(s) REQUESTED: CONTROL NUM					MBER		
	01/12/2022	F	Ne	w replaceme	nt camera	to Cell 210	3 front	J w	= 22-	00	4	
	Submitted by	73		Serial N	0.		Assignment			Phon		
	O.O. Marie Grah			N3073	3		CSD/VJS					
	Type of Expendit	ture:		Facility	/	S	Section OIC Approval Sig		Signature:		Serial No.	
	REOC CURF	RING		MJS	AREA	S					27583	
X	NEW			77TH	ALL	Admir	Section Rev	w Sig	nature:			
	OTHER (expla	in below)	X	VJS	OTHE	OTHER (explain):						
Desci	iption of expendit	ture (include	detalle	d information	, i.e. make	, model, a	c essory equipr	nent, size	, installation i	require	ments, etc.):	
Vailidi	a recommendatio											
		Justificat	ion fo	expenditui	re (how v	vill the ex	penditure be	nefit in	mates):			
emplo Expend	e in this cell, assi yee compliance v	vith departm	Reaso City's	n City resou	irces wer	e not use	d for expend	liture:		X Ye		
Estim		493.78			,							
	-	-	rs con		stimates	_	m of three fo	r new p	Estin		.0,000)	
1 6	Company Nam			Contact Robert Ma	rtin	310-540	one: 0-9704		1493.78	iale:		
2	R.K.M Communica	ations		LANDELL IAIG	aun .							
3 Vendo	or Selected:	RKM	Com	munication	s	Reason	Selected:	Pric	e City Ve	endor	X Other	
veriut	, John Mari	12,12,101	. 00111	DO NOT						7,		
Appro	Memb Jame: Mem Jame: Memb Jame: Memb Jame: Memb Jame: Memb Jame: Memb Ja	B. Var	and le	5 <u>7</u> 2	** *** ***		Serie Serie	No.: \$2.50 No.: \$2.50 No.: \$2.50 No.: \$3.11 No.:	7 CA	Date:	8-2022 4-72 24-22	
П Аррп	Required is Over \$20,000 Commain ing Officer, ASB: Signature: Approved Denied				÷		sen	a 10/45		wate.		

J D	ATE SUBMITTE	D		ITEM(s) REQUESTED: TO A STATE OF THE STATE O					CONTROL NUMBER		
	1/18/2022			Но	me Dep	ot			TWF- 2	2-005	
Street, A.	Submitte	d by:	-	Serial No	0.		Assignme	nt:	Phone		
1	D.O. Camare	na		N4206			MJS/CSI	0			
	Type of Expe	enditure:	E	Facility		5	ection OIC	Approval Signatu	ire:	Serial No.	
	REOCC	URRING	X	MJS	AREAS	S			03	32745	
X	N	EW		77TH	ALL	Admir	section Re	eyiew Signature:			
	OTHER (ex	(plain below)		VJS	OTHER	R (explain):	011			
Desc	ription of expe	nditure (include	detaile	ed information,	i.e. make,	model, ad	cessory equi	pment, size, installati	ion requirem	nents, etc.):	
IOTA	L \$1,079.35	Justificat	ion fo	r expenditure	e (how w	ill the ex	oenditure b	enefit inmates):			
Funds	are allocated			n City resoun				diture: efit of the Inmate	es.		
Estim	ated Cost:	\$1,079.35	IA	ctual Cost:	\$1,0	079.35	City Apr	proved Vendor:	XYes	No	
	List of no	on-City vendor	s conf	acted for est	timates (minimun		or new purchases			
	Company Na			Contact			one:		stimate:	,000)	
2 3	Home	Depot		Customer S	ervice	1(800)	466-3337	\$1,079.35			
	r Selected:	Home	Depot			Reason	Selected:	Price City	Vendor X	Other	
				DO NOT W	RITE BEI	LOW THIS	LINE .				
Appro	Member Name wed Member Name wed Member Name S + Work 40,000 Comm	Y NEW	le	1			Ser	101 No.: 26288 101 No.: 47010 101 No.: 5 110	Date:	4/2022	
Appro											

LAZES.	EDEM	15 47	.0 (5-60)

DIVISION		TYPE OF FUND	MATE WELFARE FUND		NTH YEAR RUARY 2022
DATE	ITEM AND EXPLANATI			AMOUNT	TOTAL
			EGINNING BALANCE		0 4 000 444 08
2/1/22	BANK BALANCE	WELLS FA	RGO BANK		\$ 1,865,111.36
			DEPOSITS IN TRANSIT	s	
			OUTSTANDING CHECKS	\$16,401.37 TOTAL	\$1,849,709.99
			CEIPTS THIS MONTH		
2/15/22	PARTNERS FOR A SAF	ERAMERICA,	INC.	\$27,300.00	
2/08/22	INTEREST EARNED			\$36.09	
			BEGINNING BALAN	TOTAL CE PLUS RECEIPTS	\$27,336.09 \$1,877,046.08
			RSEMENTS THIS MONTH		
2/4/22 2/1/22 2/8/22 2/8/22 2/9/22 2/9/22	Check #2056 GUARDIA Check #2057 ASSI SEC Check #2058 WALMAR Check #2059 DIRECTV Check #2060 RKM CON Check #2061 1800 WHI	URITY IWF 2 (DAVID CAR - IWF 22-010 IMUNICATION	2-007 RILLO) IWF22-009 IWF 22-008	\$413.00 \$1525.00 \$44.14 \$328.24 \$1027.13 \$3510.00	
				TOTAL	\$ 6,847.51 \$1,870,198.57
			ENDING BALANCE		
2/28/22	BANK BALANCE				\$1,870,198.57
			DEPOSITS IN TRANSIT	\$0	
			OUTSTANDING CHECKS	\$0	
	(PLEASE REF				
DIVISION COMMAND	Eb	I DATE	AUDIT COMMITTEE	TOTAL PREPARED BY	\$1,870,198.57
ORLANDO COMO	CHANDLER, Captain nanding Officer y Services Division	3/8/22	JEFF WONG N2799 JERRY LEE N4622		RTER N3754

	DATE SUBMITTED		11 EM(S)	REQUEST	ED:		CON	TROL NUM	
V "	1/28/2022		Guar	rdian Ri	FID			IWF- 2:	1-006
	Submitted by:		Serial No) _e	- des	Assignme	nt:	Phone	
	D.O. Carrillo		N5732			MUS/CSE			
	Type of Expenditure	:	Facility	LE	Se	tion OIC	Approval Signatu	ure:	Senai Na.
	REOCCURRING	X	MJS	AREA	S			924.48	War
X	NEW		77TH	ALL	Admin	Section Re	evjew Sighature:	1/	-
	OTHER (explain b	elow)	vos	OTHER	(explains	1	1/11	- mileston	
Des	cription of expenditure	(Include detaile	d information,	i.e. make,	model, acc	essory equip	pment, si 5/installati	ion requirem	ents, etc.):
Spart	an Devices are used		Colored April Street Branch	de l'altra de la companione de la compan			enefit inmates): te movement th		the jail.
Funds	s are allocated through		City resour					0 8.	
	s are allocated through	gh the use o		Welfar		r the bene		es.	No
	nated Cost: \$413.0	gh the use o	f the Inmate	Welfar	e Fund fo	City App	efit of the inmat	X Yes	
	nated Cost: \$413.0	gh the use o	f the Inmate	Welfar	e Fund for 13.00 (minimum Pho	City App of three for	or new purchase	X Yes	
Estir 1	nated Cost: \$413.0	gh the use o	f the Inmate ctual Cost: tacted for est	Welfan \$41 timates	e Fund for 13.00 (minimum Pho	City App	or new purchase	X Yes s over \$10, stimate:	
Estir	nated Cost: \$413.0 List of non-City Company Name	gh the use o	the Inmate ctual Cost: tacted for est	Welfan \$41 timates	e Fund for 13.00 (minimum Pho	City App of three for	proved Vendor: or new purchase	X Yes s over \$10, stimate:	
Estir	List of non-City Company Name Guardian RFIL	gh the use o	ctual Cost: tacted for est Contact Support Ser	Welfan \$41 timates	e Fund for 13.00 (minimum Pho	City App of three for ne: 32-6339	proved Vendor: or new purchase	X Yes s over \$10, stimate:	,000)
Estir	List of non-City Company Name Guardian RFIL	gh the use of the vendors conf	ctual Cost: tacted for est Contact Support Ser	Welfar \$41 timates (e Fund for 13.00 (minimum Pho 866-38	City App of three for ne: 32-6339 elected:	proved Vendor: proved Vendor: pr new purchase \$413.00	X Yes s over \$10, stimate:	,000)

17

D	ATE SUBMITTED		ITEM(s) REQUESTED:					CONTROL NUMBER				
	2/1/22		Cam	era Re	placer	ment at]	Pacific J	ail	INF 2	91	707	
	Submitted b	ov:		Seri	al No.			Assignmen	t:	PI	none:	
	Allen Hayd	len		N4	1461			77th RJS				
	Type of Expend	diture:		Fa	cility		Se	ction OIC	Approval Signa	fure:	Serial No.	
	REOCCU	IRRING		MJS	\boxtimes	AREAS					32.329	
\boxtimes	NEV	N		77TH		ALL	Admin :	dmin Section Review Signature:				
	OTHER (explic	ain below)		VJS		OTHER	(explain):		Pacif	ic Jail		
Desc	ription of expen	diture (include	detaile	d inform	allon, i	.e. make,	model, ac	cessory equi	pment, size, insta	allation red	quirements, etc):	
	Pacific Jail car de a safe and s	nera is nece secure enviro	ssary t	o main t while	tain a	nd recor tees are	rd contin in our cr	ual observ		- Ictiv	rity and to	
	are no City or	\$1,525.00		s alloca			xpense.	City App	roved Vendor.		es No	
	List of non	City vendors	contac	cted for	estimo	ates (mini	imum of t	hree for ne	w purchases o	ver \$10,0	(00)	
	Company Nar	me	ew. 1	Confa	ict		Pho	De:		Estimate);	
1 -	ASSI		Emi	ma Goi	nzazle	Z				\$1,525.0	0	
3,			_			-						
	or Selected: AS	SSI		-			Reason S	elected:	☐ Price ☒	City Ven	dor Other	
				DO N	OT WE	RITE BEL	OW THIS	LINE				
Approved Denie Required	Member Nome: SAR Member Frome: S+1/1 H Over \$40,000 Commit	PLACED CHARLES	le	Sig.	ofure:			Serie Serie	26257 26257 21 No.: 7818 25110 21 No.:	Date	-01-2022 2-01-22 /1/22	
Approved Approved Approved Approved Denle	# Over \$50,000 Commo	anding Officer, ASB		Signo	alure:			Seri	al No.:		Date	

-	ATE SUBMITTED	2011	ITEM(c)	REQUESTE).		CONT	ROL NUMI	BER
L				Shoe Po				IWF- 2	
	2/01/2022		Serial N		1011	Assignment		Phone	
-	Submitted by: D.O. Carrillo		N5732	-		MJS/CSD		Thene	
							normal Cionatu	en.	Serial No.
-	Type of Expenditur		Facility		51	mion OIC	pprovel Signatu		-
X	REOCCURRIN	G X	MJS	AREAS	- 4		11/1	-/	32765
	NEW		77TH	ALL	Adm	Section Rey	ew signature;		
	OTHER (explain	below)	VJS	OTHER	(explain)	:	11		
Des	cription of expenditure	e (include detalle	d information	, i.e. make, r	nodel, ac	cessory equipr	nem, size, installation	on requirem	ents, etc.):
Shoe	polish is needed to lees to Custody Se	tag/number	arrestee tra	ensport ve	hicles. 7	These vehic	nefit inmates): des are used fo units per Title	or the tran	sfer of
Funds	s are allocated thro					for expend or the bene		98.	
Estir	nated Cost: \$44.	14 - A	ctual Cost:	\$44.	14	City Appr	roved Vendor:	X Yes	No
	List of non-Cil	v vendors con	tacted for e	stimates (ninimum	of three fo	r new purchases	s over \$10	,000)
	Company Name		Contact			one:		stimate:	
1 2	Walmart		Customer	Service	1 (800)	925-6278	\$44.14		
3 Vend	or Selected:	Walmart	pro limite.			Selected:	Price City	/ Vendor x	Other
			DO NOT	WRITE BEL	OW THIS		* ***	I note:	
April Des April	proved	NEWTON B Valle	Signature	a.		Serie 3	1 No.: 1 70/0 1 No.: 1 No.: 1 No.:	Date: Z - 7. Date: O Z - 0 Date: 2 - 1	-22 08-27 7-22
Require Apr	od 8 Over 869,000 omman itrig proved nied	Officer, ASB:	Signature	E.		Seria	if No.:	Date:	

DATE SUBMITTED	ITEM(s)	REQUESTED:		CONT	TROL NUMBER	
2/07/2022	-	DirecTV			IWF- 22 -	0/0
Submitted by:	Serial No	0.	Assignment		Phone:	
D.O. Camarena	N4206	3	MJS/CSD		A	-
Type of Expenditure:	Facility		Section OIC 46	proval Signatu	re:Seria	al No.
X REOCCURRING	X MJS	AREAS			137	765
NEW	77TH	ALL Adr	f Section f ∳ i	iew Signature:		
OTHER (explain below)	VJS	OTHER (expla	in):			
Description of expenditure (include	de detailed information	, i.e. make, model,	accessory equipm	ent, s	on requirements,	etc.):
Justific TV service for arrestees in hou	ation for expenditures ing units per Title		expenditure ber	nefit Inmates):		
Funds are allocated through th	Reason City resou e use of the Inmat		===		es.	
Estimated Cost: \$328.24	Actual Cost:	\$328.24	City Appro	oved Vendor:	X Yes	No
List of non-City vend	ors contacted for e	stimates (minim	um of three for	new purchase	s over \$10,000)
Company Name	Contact		Phone:	E	stimate:	
1 DirecTV	Customer	Service 888	3-388-4249	\$328.24		
3			-			
Vendor Selected: Direct	TV	Reaso	on Selected:	Price City	/ Vendor X O	ther
	DO NOT	WRITE BELOW T	HIS LINE			
Approved Denked Salt 13.Val	WTO.		Serial Serial Serial	6288 No.: 77010 No.: \$110	Date: 2-7-2 Date: 2-7-2 Date: 2-7-2	8-22
Approved Desired	Sō: Signature	2	Serial	No.,	Date:	

DATE SUBMITTED	it it	ITEM(s) ŘEQUESTED:			CONTROL NUMBER	
11/29/2021	Inside and outside Co server.	CTV camera, cabli	ng rerouted to Jail	INF 22 -	008	
Submitted by:	The state of the s	riel No.	Assignmen		Phone:	
D.O. Marie Graha		13073	CSDNJS			
Type of Expenditu	re; F	adlity	Section OIC A	pp: 6 Signature:	Serial No.	
REDCCURRE	NG MUS	AREAS	Eta la est e		27583	
X NEW	7711	ALL	Admin Section Rev	view Signature!		
OTHER (explain	below) X VJS	OTHER	(explain):			
Description of expenditu				nent, size, installation re	equirements, etc.):	
he coaxial cables for the	se cameras were found	d to be disconne	cted		- "	
		L ILIAF T.S				
		KM was contact neras view the	ed to install new CA	6 Data cabling		
	These can	ieras view uie				
		•				
	Justification for exper	ndifure (how wi	the expanditure he	nefit inmates):		
hese cameras are esse			e and outside of the	Sally Port gate and t	the Jail Sally Por	
Parking Area. The camer	a is necessary to help	identify 1				
	Reason City	resources were	not used for expend	iturė:		
xpenditure was not inclu	ded in the City's budge	at and directly be	enefits arrestees.			
#-32	- 40 (0 - 10 - 1)	Combo 1 4001	* * * * * * * * * * * * * * * * * * *	roved Vendor:	Yes. No	
	7 13 Actual C					
List of non-C	ty vendors contacted	for estimates (A THE RESIDENCE OF THE PARTY OF		
Company Name	Cont	act	Phone:	Estima	ate:	
1 R.K.M Communicati	ons Robe	rt Martin		1027.13		
2						
á						
/endor Selected:	R.K.M. Communic	ations	Reason Selected:	Price City Ver	ndor X Other	
	DO	NOT WRITE BEL	OW THIS LINE			
Communiting Officer	/ Fund Chair:		SerB	al No. 1	late:	
Denied (APPEND)	Laure House		2	62.88	2/9/22	
Approved	CHARLETT, MARKETON		Serts	si No.:	ente:	
Approved CARY	A FLEVER		9	7018 3	2/9/22	
Member Name:					ate:	
Ammired Solf II	B Valle		3	35110	2/9/22	
	ig Cifficer, 550	(त _र सम्बद्धः	Serie	al No.;	ates	
Approved						
J Dented Resulted & Over \$10,000 , Comman, III	g Officer, A.E. 5	igneture:	Serie	i No.: D	late;	
Approved						
Denied						

DATE SUBMITTED	ITEM(s) F	REQUESTED:		CONT	ROL NUMBER
02/08/22	Wheelchairs/	Canes/Crutc	nes	JOF 2	2-011
Submitted by:	Serial No.		Assignmen		Phone;
Vu	N2714		MDC		
Type of Expenditure:	Facility		Section OF	pproval Signature	Senal 10
REOCCURRING	✓ MJS	AREAS			37765
✓ NEW	77TH	ALL Ady	ir Sectio/ Rev	///→ Signatura	/
OTHER (explain below)	VJS	OTHER (expl-	:/: U	1	
Description of expenditure (include	le detailed information,	i.e. make, model	accessory equi	ment, size, installat	ion requirements, etc):
Drive adjustable height offse crutches and Drive steel trai			rive knock d	lown universal	aluminum
Justifica	tion for expenditure (how will the exp	enditure pen	elīt <u>in</u> mates):	
Funds are allocated through	Reason City resource the use of The Ir				ne inmates.
Estimated Cost: \$ 3,510.00	Actual Cost:	\$ 3,510 00	City App	roved Vendor:	Yes ✓ No
List of non City vendor	s contacted for estim	ates (minimum	of three for ne	w purchases over	\$10,000)
Company Name	Contact		hone:	Es	tlmate:
1 1800Wheelchairs.com	Customer service	(800)	320-7140	\$	3,510.00
3					·
Vendor Selected: 1800)	Wheelchairs.com	Reasc	n Selected:	Price Cit	y Vendor Other
	DO NOT W	RITE BELOW TI	IIS LINE		
Approved Commonding Officer / Fund Chok Denied Approved Denied Approved Approved Approved Denied Approved Approved Approved Denied Commonding Officer, SSI Denied Denied Commonding Officer, ASI Denied Denied Commonding Officer, ASI	HANDIA TON		Serio Serio	26288 270/6 35110	Dote: 2/9/2022 Dote: 2/9/27 Dote: Dote: Dote:
Approved			364		

LAPD FORM 15.47.0 (5-60)

ISION D		TYPE OF FUND	ATE WELFARE FUND	MO MA	
DATE	ITEM AND EXPLANATI			AMOUNT	TOTAL
3/1/22	BANK BALANCE	BEGI	NNING BALANCE		\$ 1,870,198 57
edd 11 derefer		WELLS FARG	O BANK		
			<u>DEPOSITS IN TRANSIT</u>	\$	
			OUTSTANDING CHECKS	\$	
				TOTAL	\$1,870,198 57
		RECE	IPTS THIS MONTH		
3/08/22 IN	INTEREST EARNED			\$20.27	
			ļ	TOTAL	\$20 27
			BEGINNING BALANC		\$1,870,218.8
	J	DISBURS	EMENTS THIS MONTH		411010121010
3/9/22	Check #2062 HOME DE			\$45.58	
3/2/22 3/17/22 3/30/22	Check #2063 EXTREME Check #2064 DIRECTV Check #2065 LA DAILY	IWF22-014		\$4,085.00 \$321.99 \$3219.77	
				TOTAL	\$7,652.34
					\$1,862,566 5
0/04/00	BANK BALANCE	EN	DING BALANCE		\$1,866,108.26
3/31/22			DEPOSITS IN TRANSIT	\$0	
			OUTSTANDING CHECKS	\$3541.76	
	(PLEASE REF	ER TO ATTACHED	BANK RECONCILIATION SCHEDULE)		
				TOTAL	\$1,862,566 5
IS ON COMMAND	DER	DATE	JEFF WONG N2799	DO M.CAF	TER N3754
Comn	CHANDLET Captain	4/5/22	JERRY LEE N4522	The second	

02/23/22	TIEM	(s) REQUESTED:			CONT	ROL NUMI	BER
	He	ome Depot			22-01	2	
Submitted bg:	Serial	No.	Ass	ignmen	4	Phone)*
J. Price	N27	04		MDC	-	_	
Type of Expenditure:	Faci	lity	Section	on OIC A	pproval Signature	32	Serial No.
REOCCURRING	ZLM V	AREAS				12	2012
✓ I NEW	77TH	ALL A	min Sec	non Rev	iew Signature:	1	y
OTHER (explain below)	VJS	OTHER (exp	olain):				_
Description of expanditure (incl	ude detailed informat	tion, i.e. make, mak	del, acces	sory equi	omeni, size, installat	ian requirer	ments, atc):
Rust-Oleum Stops Rust 1: Steel Wire Rope Kit.	2 oz.(6 pack) or					et Vinyi (Coasted
	Pograp Cit. man						
Funds allocated through the	e use of The In		Fund fo			mates.	
Funds allocated through the	e use of The In	mate welfare	Fund fo	r the b		mates.	√ No
# 45.5 Estimated Cost: \$ 38.63-	Actual Cost	mate welfare	Fund fo	or the b	enefit to the in	Yes	√ No
Estimated Cost: \$ 38.63- List of non City vend	Actual Cost	mate welfare # 45. t: \$ 30.00 stimates (minimu	Fund fo	City Appr	enefit to the in oved Vendor, w purchases over	Yes \$10,000]	√ No
Estimated Cost: \$ 38.62- List of non City vendor Company Name Homa Depot	Actual Cost	mate welfare # 45 t: \$ 30.00 stimates (minimu	Fund fo	City Appr	oved Vendor, w purchases over	Yes	√ No
Estimated Cost: \$ 36.62- List of non City vendor Company Name 1 Home Depot 2	Actual Costors contacted for each	mate welfare # 45 t: \$ 30.00 stimates (minimu	Fund fo	City Appr	oved Vendor, w purchases over	Yes \$10,000] timate:	√ No
Estimated Cost: \$ 38.63 List of non City vendor Company Name Home Depot	Actual Cost ors contacted for et Contact Customer sen	mate welfare # 45. t: \$ 50.00 stimates (minimulation)	Fund for	City Appr	oved Vendor, w purchases over	Yes \$10,000] timate:	
Estimated Cost: \$ 38.62- List of non City vendor Company Name 1 Homa Depot 2	Actual Cost ors contacted for et Contact Customer sen	mate welfare # 45. t: \$ 50.00 stimates (minimulation)	Fund form of three Phone:	City Appres for new	oved Vendor, w purchases over	Yes \$10,000] timate:	√ No Other

2/22/20			116	M(S) K	EQUESTE);	CONTROL NUMBER	
	022		FLO	OW TE	ST SCBA	ts	JUF 2	2-0/3
Sub	mitted by.	1	Serio	al No.		Assi, nme		Phone:
	Jacson		N3	066		Administrat	tive	
Type o	f Expenditure:		Fac	cility		Section OIC	Approval Signatur	e: Serial No.
	REOCCURRING		SLM		AREAS			,
	NEW		7 7T H		ALL	Admin Section Re	eview Signature	
ОТН	ER (explain below)		VJS		OTHER	(explain):		7 5
	ne SCBAs throughout	han for				he excenditure be performed.	nefit inmates];	
This item was	not included in the				es were n	of used for expend	liture:	
This item was	s not included in the	Division		et.			proved Vendor.	X Yes □ No
Estimated Co		Division	n's budg	et.	\$4,0	65.00 City Ap	proved Vendor.	
Estimated Co	\$4,065.00 of non City vendors	Division	n's budg ctual Co	et.	\$4,0	065 00 City Ap	proved Vendor. new purchases ove	
Estimated Co Lis Comp	st: \$4,065.00	Division A	n's budg	et.	\$4,0	65.00 City Ap	proved Vendor. new purchases ove	ar \$10,000}
Estimated Co Lis Comp	st: \$4,065.00 I of non City vendors	Division A	n's budg ctual Co cted for Conta	et.	\$4,0	065 00 City Ap	proved Vendor. new purchases ove	er \$10,000) stimate:
Estimated Co Lis Comp 1 Ext 2	st: \$4,065.00 If of non City vendors any Name reme Safety	Division A	n's budg ctual Co cted for Conta	et.	\$4,0	65.00 City Ap	proved Vendor. new purchases ove	stimate: 4,085.00
Estimated Co Lis Comp	st: \$4,065.00 If of non City vendors any Name reme Safety	Division A	ctual Co cted for Conta Albert Ch	estimate	\$4,0 ates (min	Phone: Reason Selected:	proved Vendor. new purchases ove	er \$10,000) stimate:
Estimated Co Lis Comp 1 Ext 2 3	st: \$4,065.00 If of non City vendors any Name reme Safety	Division A	ctual Co cted for Conta Albert Ch	estimate	\$4,0 ates (min	65.00 City Ap	proved Vendor. new purchases ove	stimate: 4,085.00

D	ATE SUBMITTED	ITEM(s) REQUES	TED:		CONTR	OL NUMBER
	3/15/22	DirecTV Payo			TOF 22	- 014
	Submitted by:	Seriot No.		Assignment:		Pnone:
	DO VU	N2714		MJS/CSD		
	Type of Expenditure:	Facility	Sec	ction OIC Ap	proval Signature:	- Colyman
×	REOCCURRING	MJS AREA	AS -	de est 1 all 1		32765
	NEW	77TH ALL	- 3		, - ;	
	OTHER (explain below)	VJS OTHE	R (explori).	1		
Desc	ription of expenditure (include	e detailed information, i.e. mak	e, model, ac	cessory equip	ment, Anstallatio	on requirements, etc):
Direc	TV invoice # 018835073	X220302, monthly paym			it inmates):	
TV s	ervice for arrestees in hou	sing units per Title 15.				
		Reason City resources were	e not used fo	or excenditu	re:	
Fund	s are allocated through the	e use of the Inmate Welfi	are Fund fo	or the benef	it of the inmate	S.
Estim	ated Cost: \$321.99	Actual Cost:	321.99	City Appr	oved Vendor.	X Yes No
		s contacted for estimates (minimum of	three for nev	w purchases over	\$10,000)
	Company Name	Contact		one:		imate:
1	DIrecTV	Customer service		8-4249	\$3	21.99
2			-	-		
3 i	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Pageon	Selected:	Drice XI Cit	y Vendor 🛛 Other
Vend	or Selected: DirectTV	DO NOT WRITE E			TIMES EX CIT	7 . 31.301 [23 01.10]
107	"permonding O'frier / Fund Cho		PEOIL ILIIG	. Serio	I No.	Date:
Appoved .				2 2	B257	3/15/22
Approved		AWALL.		1 0	7721	Date: 7/1/10-
Approved		Mud. T			2/16/	2/19/55
Approva	Fember Nomo:			Serio	5120	3/15/27
Den Den		OSO: Someway		Seño		Date:
Approved		of Operations, Signature:		Serio	I No.:	Date:
	}					
Approved Der						

DATE SUBMITTED	ITEM(s) REQUE	ESTED:	CONTROL NUMBER
3/30/22	Los Angeles D	Daily News	IWF-22-015
Submitted by:	Serial No.	Assignment:	Phone:
D.O. Carter	N3754	MJS/CSD	
Type of Expenditure:	Facility	Serion OIC Ap	oval Signature: Serial No.
X REOCCURRING	MJS AR	EAS	3276
NEW	77TH A	LL Admin Section Report	
OTHER (explain below	VJS N OTH	HER (explain): PACIFIC JAIL	
Description of expend ture (Inclu	ude detailed information, i.e. ಮಾ	ske, model, accessory equipme	ent, sizk, installation requirements, etc.):
∀early subscription to the Los	Angeles Daily News for I	Pacific Iail	
early subscription to the Los	Aligeres Daily Hows for I	aomo gan.	
Justific	cation for expenditure (hov	v will the expenditure ben	efit Inmates): _
To assure that interested in	mates have access to	a daily newspaper in d	eneral circulation, including a
(non-English) publication, a			
,			The state of the s
Type 1 jail facilities. Require	ad by Youngblood Kulli	ng (Toungblood VS Ga	ales, 1900).
		1	
Estimated Cost: \$3219.77	Actual Cost:	\$3219 77 City Appro	ved Vendor: Yes X No
List of non-City vendors contact	ed for estimates (minimum	of three for new purchas	es over \$10,000
Company Name	Contact	Phone:	Estimate:
1 Los Angeles Daily News	CUSTOMER	(818)713-3131	\$3219.77
	SERVICE		
2 1			
3			Так Паказа па
Vendor Selected: Los	Angeles Daily News	Reason Selected:	Property of the Contract of th
	, , ,		Price Clty Vendor X Other
	DO NOT WRITE	BELOW THIS LINE	
Approved Commanding Officer / Fund Cl	DO NOT WRITE		
Denied CAPE CLASSOF	DO NOT WRITE	BELOW THIS LINE Seriet N 20	52-88 3/30/2012
Dended CAPE Company Approved Member Name	DO NOT WRITE	BELOW THIS LINE	52-88 3/30/2012
Approved CAPK Capabol Approved Denied Cenied Police	DO NOT WRITE	BELOW THIS LINE Serial N Serial N 3-	Date: 3/30/2012 Date: 3/3/21
Approved Capt Capt Approved Capt Capt Capt Capt Capt Capt Capt Capt	DO NOT WRITE	BELOW THIS LINE Serial N Serial N Serial N	Date: 3/30/2012 Date: 3/30/2012 Date: 3/30/2012
Approved CAPK Capacity Approved Denied Per Name: Approved Denied Sept 11 B. V.A.	DO NOT WRITE	BELOW THIS LINE Seriet N Seriet N Seriet N Seriet N Seriet N Seriet N	Date: 3/30/2012 Date: 3/30/2012 Date: 3/30/21 Date: 3/30/21 Date: 3/30/21
Approved Denied Approved Approved Approved Approved Approved	DO NOT WRITE	BELOW THIS LINE Serial N Serial N Serial N	Date: 3/30/2012 Date: 3/30/2012 Date: 3/30/21 Date: 3/30/21
Approved Denied Caph Caph Approved Denied Denied Denied Denied Denied Denied Denied Soft I P. V. A. Réquired Toyes 410,000 Ommananing Miscer,	DO NOT WRITE Storage LCE Cos 11e Signature	BELOW THIS LINE Seriet N Seriet N Seriet N Seriet N Seriet N Seriet N	Date: 3/30/2012 Date: 3/30/2012 Date: 3/30/21 Date: 3/30/21 Date:
Approved Denied Capit Ca	DO NOT WRITE Storage LCE Cos Lle Signature	BELOW THIS LINE Seriet N Seriel N Seriel N	Date: 3/30/2012 Date: 3/30/2012 Date: 3/30/21 Date: Date: Date: Date: Date: Date:

Į	LAPD	FORM	70.47	ŲΠ	(0-00)

SD	TYPE OF FUND	TE WELFARE FUND	APE	
DATE ITEM AND EXPLAN			AMOUNT	TOTAL
A/1/22 BANK BALANCE	BEGIN	INING BALANCE		\$ 1,866,108.26
4/1/22 BANK BALANCE	WELLS FARGO	BANK		# 1,655,155,25
		DEPOSITS IN TRANSIT	\$0	
		OUTSTANDING CHECKS	\$3541.76	
	DECEN	PTS THIS MONTH	TOTAL	\$1 862 566.50
4/08/22 INTEREST EARNEI			\$48.19	
		BEGINNING BALAN	TÖTAL CE PLUS RECEIPTS	\$48.19 \$1,862,614.69
4/6/22 Check #2066 METR		MENTS THIS MONTH	\$750.00	
			TOTAL	\$1,078.24
			TOTAL	
				\$1,861,536.45
4/30/22 BANK BALANCE	ENU	DEPOSITS IN TRANSIT	\$0	\$1,861,536.45
		OUTSTANDING CHECKS	\$0	
(PLEASE I	REFER TO ATTACHED B	ANK RECONCILIATION SCHEDULE)		
			TOTAL	\$1,861,536.45
IVISION COMMANDER	DATE	JEFF WONG N2799	PREPARED BY	TER N3754
ORLANDO CHANDLER, Captain Commanding Officer Custady Services Division	6/1/22	JERRY LEE N4522	TELEPHONE EXTENS	RION

DA	ATE SUBMITTED	ITEM(s)	REQUESTED):		OL NUMBER
4/6/202	2	Metro	Tap Cards		INF 20	-016
	Submitted by:	Serial No	0.	Assisnmen	t:	Phone:
	Jacson	N3066		Administrativ	/8	
	Type of Expenditure:	Facility	/	Section OIC	pproval Signature	Serial No.
	REOCCURRING	MJS [AREAS	= =	/	32765
	NEW		ALL	Admi-Section Res	view Sign hare	
	OTHER (explain below)	Z alv	OTHER (explain):		
Desci	ription of expenditure (inclu	de detailed information	n, î.e. make, ı	model, accessory equi	pment, size, installatio	on requirements, etc):
	Tap cards are used to proceed bus tokens.	vide inmates, releas	sed from cu	stody, access to ma	es transit services	. Tap cards
Los A will afi	ngeles Metro public transpose CSD to continue to pro	ation for ext enditure portation service acco wide a means of trai	epts cash o	r TAP card from pal	Irons. The purcha	se of the TAP cards
		Region City resour	rces were n	of used for expendit	ure:	
The p	rovision of providing a me					
Estimo	oted Cost: \$750.00	Actual Cost:			roved Vendor:	Yes No
	List of non City vende	ors confacted for est	imates (min	imum of three for re	ew purchases over	\$10,000)
	Company Name	Contact	1	Phone:		mate:
1 -	Metro	TAP Vendor Suppo	nt Team		\$7	750.00
2						
3 l	or Selected: Metro			Reason Selected:	☐ Price ☐ Cit	y Vendor 🔯 Other
T CT I CK	3. 001001001.	DO NOT	WRITE BEL	OW THIS LINE		
Approved Denti	Pini Lember Name:				Serial No.: 262 58 Serial No.: 35110	Dole: 4/7/2022 Dole: 4/7/2022 Dole: 4/7/27
Approved Deni	ed Community Officer.		of uner		Serial No.:	Date:

DATE SUBMITTED	ITEM(s) R	REQUESTED		CONTRO	L NUMBER
4/13/22		RECTV		IWF:	22-018
Submitted by:	Şerial No.		Assignmen	t-	Phone:
D.O. Carler	N3754		MJS/CSD		
Type of Expenditure:	Facility		Section OIC A	 Approval Signature:	Serial No.
X REOCCURRING	MJS X	AREAS		of we see to	32765
NEW	77TH	ALL	Admin Section Re	view Signature:	
OTHER (explain below)	VJS	OTHER (explain):		
Description of expenditure (include			The second secon	ment, size, installation i	requirements, etc.):
					···
Justificat	on for expenditure	how will	the expenditure b	enefit inmates);	
Funds are allocated through t	Reason City resour				nmates.
Estimated Cost: \$328.24	Actual Cost:	\$328.	24 City Apr	roved Vendor	x Yes No
List of non-City vendor		timates (m	inlmum of three for	or new purchases o	ver \$10,000)
Company Name	Contact	1	Phone:	Estin	
	ustomer Service		888-388-4249	\$328.24	
2					
Vendor Selected: DIREC			Reason Selected.	Price City V	endor × Other
Vendor Selected: DIREC			W THIS LINE	100	
Commending Officer / Fund Chair		- 1		dal No.	Date:
Approved Denied CAPTAIN Change CHI Approved Denied CLT COLLE CHI Member Name: Approved Denied Sql II B. Valla Denied Sql II B. Valla The College Commanding Officer, 55	ANDLES .	7	Se	26288 Mai No.: 370273 35110	4/13/22, Date: 4: (3.22 Date: 4/13/22 Date:
Denied Denied Denied Commanding Onicer, ASI Approved Denier			Se	rial No.:	Date:

LAPD FORM 15.47.0 (5-80)

SIÓN D		TYPE OF FUND	TE WELFARE FUND	MO MA	NTH YE Y 20
DATE	ITEM AND EXPLANAT			AMOUNT	TOTAL
			NNING BALANCE		
5/1/22	BANK BALANCE) DESFARE	CBANK		\$1,861,536 45
			<u>DEPOSITS IN TRANSIT</u>	\$0	
			OUTSTANDING CHECKS	\$0	
		DECE	IPTS THIS MONTH	TOTAL	\$1,861,536.4
5/09/22	INTEREST EARNED			\$39.78	
				TOTAL	\$39.78
			BEGINNING BALAN	CE PLUS RECEIPTS	\$1,861,576 2
		DISBURS	EMENTS THIS MONTH		
5/11/22 5/12/22 5/12/22 5/17/22 5/17/22 5/17/22	Check #2069 DIRECTY Check #2070 RKM CO Check #2071 RKM CO Check #2072 RKM CO Check #2073 RKM CO Check #2074 RKM CO	MMUNICATIONS IN MMUNICATIONS IN MMUNICATIONS IN MMUNICATIONS IN	WF 22-022 WF 22-023 WF 22-024	\$990 00 \$1493.78 \$1493.78 \$3690.00 \$540.00	
				TOTAL	\$ 8,529,55
					\$1 853,046.6
5/31/22	BANK BALANCE	EN	DING BALANCE		\$1,861,576,23
0/4 1/44			DEPOSITS IN TRANSIT	\$0	
			OUTSTANDING CHECKS	\$8,529,55	
	(PLEASE REI	FER TO ATTACHED	BANK RECONCILIATION SCHEDULE)		
				TOTAL	\$1,853,046.6
SION COMMANDE	R	DATE	JEFF WONG N2799	PREPARED BY	(1EK 33734)
Comm	CHANDLER, Captain anding Officer Services Division	6/24/22	JERRY LEE N4522	TELEPHONE EXTENS	BION

D.	DATE SUBMITTED ITEM(s) REC				ESTED:		CONTROL NUMBER			
	5/11/22		Di	recTV Pa	yment		Ent 22	-020		
	Submitte	d by:	Serie	al No		Assignmen	1:	Phone:		
	DO V	U	N2	714		MJSKSI				
	Type of Expe	enditure:	Fo	cility	56	ctioniq/C /	opreval Signature	Serial No.		
\boxtimes	REOC	CURRING	M.IS	AR	EAS			32765		
	1	NEW	771H	A	LL J.					
	OTHER (e)	(woled niplay	☐ VJS	OTI	HER (explain)	: //	1			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): DirecTV invoice # 018835073X220502, monthly payment for TV service										
TV se	TV service for arrestees in housing units per Title 15. Reason City resources were not used for expenditure:									
Funds	s are allocat	ed through the	use of the In	mate Wel	fare Fund fo	or the bene	fit of the Inmate	% .		
Estimo	ated Cost:	\$321.99	Actual C	ost:	\$321.99	City App	roved Vendor:	⊠ Yes □ No		
	List of n	on City vendors	contacted for	estimates	(minimum of	three for ne	w purchases ove	r\$10,000j		
	Company N	lame [Conto	ict	Pho	one:	Es	timate:		
1	Direc	rv	Customer	service	888-38	88-4249	\$3	321.99		
2:	de. (1974)					-				
3 Vendo	r Selected:	Direct TV			Penton	Selected:	Price M Ci	ty Vendor 🛛 Other		
YBIIQC	n selected.	DITOCITA	DO N	OT WRITE	BELOW THIS			7 - 071001 23 011-01		
521	Commande	ng Officer / Fund Chair.		OI Music	DEEON IIII		a, No.:	Oate:		
Approved Denie	Member No Set to over \$40,000 Ass	JUE F		oture.		Seri	26288 01 NO.: 32 Hes 1 S L L D 01 NO.:	5/18/22 Date: 6/21/27 Date: 5/17/22 Date:		
	d									

		A					
DATE SUBMITTED		ITEM(s) REQUESTED); .	CONT	ROL NUMBER	
05/12/2022	Annual So System	oftware Maintenance	and Suppor	t for Foothill Jail CCTV	IDF 2	2-02/	
Submitted l	y;	Serial N	io.	Assignment:		Phone:	
D.O. Marie Gra	ham	N307	3	CSD/VJS			
Type of Expend	ilture:	Facilit	у	Section Oteパp	proval Signatu	re: Serial No.	
X REOCCUP	RRING	MJS AREAS			er - en	275%	
NEV	V	77TH	ALL	Admin Sectio Revi	ew Signature:	# 1 P J.	
OTHER (expl	ain below)	X vis	OTHER ((explain):			
Description of expend		detailed information			ent, size, instaliatii	on requirements, etc.):	
This is for required for system and cameras. Camera systems. This arrestees, to stop fight	the continue This warrant support is no	nd maintenance and will allow Foothing to keeping and the control of the control	nd support fo It Jail to have ng the came	e continued software ras operational. This	any formally Ve support and up	grades to our	
Expenditure was not inc	cluded in the	City's budget and	d directly be				
Estimated Cost:	000.00	Actual Cost:	990.0	City Appro	ved Vendor:	X Yes No	
at more than at the same of			stimates (m	inimum of three for		_	
Company Nan		Contact	at a	Phone:	222.22	Estimate:	
1 R.K.M Communic	ations	Robert Ma	ran	-	990.00		
2 /						m.mg	
3		_					
Vendor Selected:	R.K.M.	. Communication	s	Reason Selected:	Price City	Vendor X Other	
Vendor Selected:	R.K.M.	DO NOT		Reason Selected:		Vendor X Other	

DATE SUBMITTED	DATE SUBMITTED ITEM(s) REQUESTED:					CONTROL NUMBER				
05/12/2022		Replacement of	amera to Ha	lway 200		TUIL 22	-022			
Submitted by:		Serial I	No.		Assignment:		Phone:			
D.O. Marie Graha	m	N3073			CSD/VJS	. 2		. 1		
Type of Expenditu	re:	Facilit	ty	Se	ection OIC Apr	proval Signature	3: Se	erial No.		
REOCCURRI	NG	MJS	AREAS	ep of			27	D/2		
X NEW		77ТН	ALL	Admin	Section Revie	w Signature:				
OTHER (explain	below)	X vas	OTHER	(explain)	i: l					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Camera stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint. Justification for expenditure (how will the expenditure benefit inmates): This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is one of the original cameras, series that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the areas located.										
					1.0					
		Reason City reso				ure:				
Expenditure was not inclu	aea iii tiie	City's budget an	io directly bi	i taura cr	resides.					
Estimated Cost: 149	3.78	Actual Cost	: 1493	3.78	City Appro	ved Vendora	X Yes	No		
List of non-C	ity vendor	s contacted for	estimates (minimum	of three for	new purchases	over \$10,0	100)		
Company Name		Contact			one:		imate:	- and -		
1 R.K.M Communicati		Robert M		THORE		1493.78				
2 1										
Wendor Selected:	l R.K.M.	Communication	ns	Reason	Selected:	Price City	VendorX	Other		
		DO NOT	WRITE BEL	OW THIS	LINE					
Approved Denies Approved Denies Approved Denies Denies Denies Denies	E HEN B. Val		re:		Sertel M Sertel M Sertel M	288 27-18 51 LO	Date: 5/19 Date. 5/19 Date: Date:	1/22		

DATE SUBMITTED	DATE SUBMITTED ITEM(s) REQUESTED:					CONTROL NUMBER			
05/17/2022		New replaceme	ent camera to	Cell 1	11A	I I OF 2	2-02	3	
Submitted by:		Serial N	lo.		Assignment:		Phone:		
D.O. Marie Graha	m	N307	3	CSD/VJS					
Type of Expenditu	ire:	Facilit	У		Section OIC An	al Signatur	re: S	erial No.	
REOCCURRI	REOCCURRING MJS		AREAS	. 4			1 27	กร	
X NEW	NEW 77TH A			Adm	in Section Revi	ew Signature:			
OTHER (explain	below)	X vjs	OTHER	(expla	in):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): It is stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint. Justification for expenditure (how will the expenditure benefit immates): This camera has falled, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series. In that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the Ingestion of narcotics helping to ensure better employee compliance with department roles. Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.									
Estimated Cost: 14	13 78	Actual Cost:	• 149	3.76	City Appre	oved Vendor:	X Yes	No	
					-				
		rs contacted for e	esumates (
Company Name		Contact	-11	1	hone:		itimate:		
R.K.M Communicat	เอนิซ์	Robert Ma	arten			1493.78			
3		_	-	_	-				
Vendor Selected:	R.K.M	. Communication	15	Reaso	n Selected:	Price City	Vendor	Other	
		DO NOT	WRITE BEI	LOW TI					
Approved Denied	HEM. B. V a.	entët 11e	Pile:		Sertal Sertal Sertal	281 No. 3745 No.: 5110	Date: 5/19 Date: Date: Date:	/22 25/22 17/2:	

DATE SUBMITTED	ITEM(s) REC		CONTROL NUMBER							
05/17/2022	Replacement CPU and softw	rare for Release de	sk CCTV	7UF 22-	024					
Submitted by:	Serial No.	A	ssignment:		Phone:					
Marie Graham	N3073		CSD/VJS							
Type of Expenditur	e: Facility	Sec	tion Ol	roval Signature;	Serial No.					
REOCCURRE	NG MUS	AREAS	7 F . T		27573					
x NEW	77TH	ALL Admin Se	ection Rayre	w Signature:						
OTHER (explain	below) x VJS	OTHER (explain):								
Description of expenditu	re (include detailed information, i.e.	. make, model, occ	essory equipm	nent, size, installation	requirements, etc):					
Precision 3480, Small Fo	Installation of Verint camera sol		diture benefi	l inmatesi:						
the vendor. This compute arrestees and improves	This computer will replace the BO CPU Dell OptiPlex 3020 located at the Release Desk Area of Valley Jail. The BO computer was purchased 2013 and is not able to be repaired. The Release desk is using a spare computer furnished by the vendor. This computer is utilized by staff to view. If his enhances the monitoring of the arrestees and improves the security of the Valley Jail helping to ensure better employee compilance with department roles.									
	Reason City resources	were not used fo	r expenditur	e:						
	uded in the City's budget and d			wed Vendor: i	☑ Yes □ No					
Estitition Court	890.00 Actual Cost:	3690.00								
1	y vendors contacted for estimate			Estim						
Company Name		Phor	15	3690						
2	- Andrew Charles on a									
		-	- In all all		under 🗀 Other					
Vendor Selected: RKM		Reason Se	312 010 01	Price x City Ve	ndor Unter					
		ITE BELOW THIS	LINE Serios	No.:	Dale:					
Approved Danied	B. Coss B. Valle The Director, OSO:		26 	288 No.: 702->	5/19/22 5-23-22 Dote: /15/22 Dote:					
Reserved if Over \$50,000 Director, O	ffice of Special Operations: Signature:		Joseph							

DAT	DATE SUBMITTED ITEM(s) REQUESTED:						CONTROL NUMBER		
	05/17/2022	Came	era system reco	nfigured fo	r 24/7 re	ecording	10122		
	Submitted by:		Serial	No.		Assignment:		Phone:	
D.	O. Marie Grahan	1	N307	3		CSD/VJS			
	Type of Expenditu	re:	Facility		Se	ection A.C App	roval Signature	e: S	erial No.
	REOCCURRIN	G	MJS	AREAS		0 × 100000	No. 10 Tel. 1	275	r3.
X	NEW		77TH	ALL	Admin	Section Revie	w Signature:		
	OTHER (explain	below)	X VJS	OTHER	(explain)	:			
On	in	addition	ations was cont the technician	was reque	ested to p	provide			
		-ustilicai	non tor expendic	are friori il					
. Almost	CTV system is esse								
roles	ed and viewed at late involving use of	force an	d inmate complai	ources were	not used	for expendit	iyee compliance	with dope	# # # # # # # # # # # # # # # # # # #
Estima	ated Cost: 540	.00	Actual Cos	t: 1 540	0.00	City Appro	ved Vendor:	X Yes	No
1 R	List of non-Ci Company Name KM Communicati	ons	Contacted for Contact Robert M	fartin	Ph	one: Selected:	540.00	over \$10, timate:	
Vendo	r Selected:	<u> </u>		T WRITE BE					
Appro Dedler Regulated in	Member Name Member Name Member Name Member Name Ownman 39 Ownman 39	B.V.	Hankit.			Serial Serial Serial	No.: No.: Sill	Date: 5/19/ Date: 5-22 Date: 5/19 Date:	122
Appro	wad								

LAPD FORM 15.47.0 (5-60)

D.VISION CSD	15%	TYPE OF FUND	ATE WELFARE FUND	IMO BUN	
	ITEM AND EXPLANATION		THE THE TOND	AMOUNT	TOTAL
DATE	HEM AND EXPLANATION		INNING BALANCE		
6/1/22	BANK BALANCE	WELLS FARG	O BANK		\$ 1,861,576.23
			DEPOSITS IN TRANSIT	\$0	
			OUTSTANDING CHECKS	\$8,529.55	\$1,853 046.68
		RECE	IPTS THIS MONTH	TOTAL	00.040 666,1 9 [
6/8/22	INTEREST EARNED			\$49.33	
				TOTAL	\$49 33
			BEGINNING BALAN	CE PLUS RECEIPTS	\$1,853,096.01
		DISBURS	SEMENTS THIS MONTH		
5/31/22 6/ 14/22	Check #2068 IWF 22- Check #2075 IWF 22-			\$1,750 00 \$2,253.02	
				TOTAL	\$4,003.02
					\$1,849,092.99
		EN	DING BALANCE		41,040,002.00
6/30/22	BANK BALANCE				\$1,857,776.01
			DEPOSITS IN TRANSIT	\$0	
,			OUTSTANDING CHECKS	\$8,683.02	
	(PLEASE REFE	R TO ATTACHED	BANK RECONCILIATION SCHEDULE)		
	4			TOTAL	\$1,849,092.99
DIVISION COMMANTE		DATE	JEFF WONG N2799	VELINDA RIPAR	
Comma	AND_ER, Captain (II nding Officer Services Division	8/30/22	JERRY LEE N4522	TELEPHONE EXTENS	SION

D FORM 15 47.0 (5-	TYPE OF FUND	-JUL		
D	INMATE WELFARE FUND			
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL	
	BEGINNING BALANCE		@ 4 of 7 776 04	
7/1/22	BANK BALANCE		\$ 1,857,776.01	
	DEPOSITS IN TRANSIT OUTSTANDING CHECKS	\$0		
	Oto I Manual Otion of the Otion		\$1,849,092 99	
	RECEIPTS THIS MONTH	101746	01,040,002.00	
7/13/22 7/20/22	PARTNERS FOR A SAFER AMERICA, INC PARTNERS FOR A SAFER AMERICA, INC	\$250,000.00 \$129,613.00		
7/11/22	INTEREST EARNED	\$113.99		
		TOTAL		
	BEGINNING BALAN	ICE PLUS RECEIPTS	\$2,228,819.98	
	DISBURSEMENTS THIS MONTH			
7/10/22	Check #2077 DIRECTV (REIMBURSEMENTMELVA CARTER) 1WF 22-027	\$321.99		

ENDING B	ALANCE		
BANK BALANCE			\$2,228,819.98
	DEPOSITS IN TRANSIT	\$0	
	OUTSTANDING CHECKS	\$321 99	
(PLEASE REFER TO ATTACHED BANK R	RECONCILIATION SCHEDULE)		
		TOTAL	\$2,228,497.9
DATE	AUDIT COMMITTEE	PREPARED BY	
1	BANK BALANCE (PLEASE REFER TO ATTACHED BANK R	OUTSTANDING CHECKS (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)	DEPOSITS IN TRANSIT OUTSTANDING CHECKS \$321 99 (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) TOTAL

ORLANDO C ANDLER, Captain Combinding Officer Custod Services Division

9/19/22

JEFF WONG N2799 JERRY LEE N4522

PREPARED BY

TOTAL \$

321 99 \$2,228,497 99

D/	DATE SUBMITTED ITEM(s) REQUESTED:				CON	TROL NUMBER			
	6/16/22		Di	recTV	Payme	ant		JUF 29	027
	Submitted by:		Serio	I No.			Assignment:		Phone:
	DO VU		N2714				MJS/CSD		
-	Type of Expenditur	e:	Fa	cility		Sar	Fon OIC A	proval Signatur	e: Ser'al No.
\boxtimes	REOCCURRI	NG	SLW 🖂		AREAS	4			732765
	NEW		77TH		ALL				
	OTHER (explain	below)	ZLV		OTHER	(explain)			
Desci	ription of expenditu	ire (include	detailed inform	ation, i	e. make,	model, ac	cessory equip	ment, zw., installo	ntion requirements, etc):
TV se	ervice for arrestee		on for expend			the expen	diture bene	fit inmates):	
Fund	s are allocated the		Reason City reuse of the In		Welfare				tes.
Estimo		50.23	Actual C	ost:		50:23	City Appr	oved Vendor:	✓ Yes ☐ No
	List of non Cit	v vendors	contacted for	estim	ates (mir	nimum of t	hree for nev	w purchases ove	er \$10,000)
	Company Name	1	Conto		Т	Pho			stimate:
1	DirecTV		Customer		e e	888-38			650.23 \$ 521.99
2						-	-		
3 Vendo	or Selected: Direc	rTV				Reason S	elected:	☐ Price ☒ C	City Vendor 🛛 Other
			DO A	IOT W	RITE BE	LOW THIS	LINE		
X	Commanding Offic	Y Fund Chair		1.e			Serio	I No.:	Date.
Approved Approved Approved Approved Approved Approved Approved	Member Name: Me	7. Va					Serio Serio	5102-3 No. 35110	6.22.2027 Corte: Co.22.2022 Date: Date:
Regulard Approved	N Over \$60,000 Director, O	iffice of Special	Operations: Sign	nature;			Serio	l No.:	Date.

LAPD FORM 15 47 0 (5-60)

VISION SD	TYP	INMATE WELFARE FUND- AMENDED				
DATE	ITEM AND EXPLANATION		AMOUNT	TOTAL		
8/1/22	BANK BALANCE	BEGINNING BALANCE BANK BALANCE WELLS FARGO BANK				
		DEPOSITS IN TRANSIT	\$0			
		OUTSTANDING CHECKS	\$321.99			
		ACCUPACION SINCE	TOTAL	\$2,228,497.99		
	1	RECEIPTS THIS MONTH		Ī		
8/8/22	INTEREST EARNED	\$407.64				
			TOTAL	\$407.64		
		BEGINNING BALA	NCE PLUS RECEIPTS	\$2,228,905 63		
		DISBURSEMENTS THIS MONTH				
8/11/22 8/11/22 8/11/22 8/17/22 8/17/22 8/18/22 8/18/22	Check #2079 ASSI SECURIT Check #2080 BOB BARKER I Check #2081 CULINARY DEI Check #2083 DIRECTV IWF Check #2084 ASSI SECURIT Check #2085 SECURITY DE Check #2086 ASSI SECURIT	\$11,000.00 \$941 73 \$3,832 50 \$666,47 \$150.00 \$115 00 \$3000.00				
	`		TOTAL	\$19,705,70		
			TOTAL.			
			\$2,209.199 9			
8/31/22	BANK BALANCE	ENDING BALANCE		\$2,209,521 92		
	(PLEASE REFER TO					
			TOTAL	\$2,209,199.93		
IVISION COMMAN	DER DA	TE AUDIT COMMITTEE	PREPARED BY			
Com	CHANDLER, Captain 9/ manding Officer dy Services Division	JEFF WONG N2799 7	TELEF ONE EXTEN	RTF=N3754		

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER			
7/19/22		ASSI				IWP	22-0	29	
Submitted by:		Serial No.				Assignment	;	P	n du
DO VU		N2714			MJS/CSD				
Type of Expenditure:		Facility			Sec	Section OIC Approval Signature:			Serial No.
REOCCURRING		SLW 🖂		AREAS					
NEW		77TH		ALL					
OTHER (explain t	pelow)	U VJS		OTHER	(explain):		_		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):									
Completion fot the installation of two cameras for the at MDC. Contract #C-124017, Invoice 71329									
Justification for expenditure (how will the expenditure benefit inmates):									
Cameras needed to mo	nitor								
Cameras needed to mo.	Littor								
					,				
	R	eason City res	sources	were n	ot used fo	or expendit	ure:		
Funds are allocated thr	ough the	use of the In	mate V	Velfare	Fund fo	r the bene	fit of the l	inmates.	
Estimated Cost: \$11	,000.00	Actual Co	ost:	\$11,	00.00	City App	roved Ven	dor: 🛛	Yes No
List of non Cit	y vendors o	contacted for	estima	ites (mir	nimum of	three for ne	w purchas	es over \$10,	000)
Company Name	T	Contact			Phone:			Estimate:	
1 ASSI		Customer service		949-955-244		\$11,000.00		.00	
2						-			
3				Pageon	Selected:	☐ Price ☐ City Vendor ☒ Other			
Vendor Selected: Reason Selected: LI Price LI City Vendor (X) Other DO NOT WRITE BELOW THIS LINE									
Commanding Officer / Fund Chair. Date:									
Approved /	3	Commen !					1208		7/19/22
Deried CopPTRIA (MUNACUL	MEADURE !				Seri	a No.	Do	10:
Approved 54t 11 B. Valle 3520 8/11/22							111/22		
Member Jame:		0 "				Seri	ial No	Do	1e / . /
Approved SGT 13	PULLE (045					37023	7	126/21
	the Director OS	50:				Sen	iai No	0.3	- 1
Approved Denied	Denled					54-	in No.	Do	for
Required if Diver \$50,000 Director, Of	Required if Over \$50,000 Director, Office of Special Operations: Signature:					2er	ial No.:	00	13 tur-
Approved Denied									

DATE SUBMITTED		ITEM(s) REQUESTED:			CONTROL NUMBER			
6/8/22		Metal Bench			IWF 22	.030		
Submitted by:		Serial No.				kss.gnment		Phone
Allen Hayden		N4461				77th RJS		
Type of Expenditure:		Facility			Section O C Approval Signature: Serial No			
REOCCURRING		MJS		AREAS				3232
NEW	D	77TH		ALL	Admin S	ection Revi	ew Signature:	
OTHER (explain t	below)	ZLV		OTHER	(explain):			
Description of expenditu	re (include de	tailed informa	ation, i	.e. make,	model, açc	essory equip	ment, size, installati	antequirements, etc]:
Bob Barker Metal Bend requested from GSD.	ch BB6B, S	teel 10ga.,	6 foo	ot metal	bench, Q	uote #EST	0042332. Insta	llation will be
	Justification	ter excendi	inte 1	t llıw wog	he expene	diture benef	it in <u>mates)</u>	
pat-downs on camera a to entering the jail. A c in our custody. Recentl have been discovered d	ontraband f ly a knife, v luring the pa	ree jail ass arious narc at-down pr	ists in cotics ocess	n provid s, and a l s if done	ing a safe oaded gu properly of used to	and secur n have ent	e environment ered the jail, all	for the arrestees
Esi mated Cost; \$9	941.73	Actual Ce)\$ † :	\$9	41.73	City Appro	oved Vendor	∑ Yes No
List of non City	y vendors co	ntacted for	estim	ates (min	imum of th	ree for nev	v purchases over	\$10,000)
Company Name		Çontaci			Phine		Estimate:	
1 Bob Barker		Suzanne Chung			800-334-9880		\$941.73	
2	_							
Vendor Selected: Bob Barker				Reason Selected:		☐ Price ☐ City Vendor ☐ Other		
	7				LCGR201196	etectea: I		
1001000000		DO N	OT W	RITE BEL	OW THIS			, render B onto

DATE SUBMITTED		ITEA	A(s) RI	EQUESTE	D:	-	1	CONTR	OL NUA	ABER
7/12/22		Rea	ach-I	n Freez	er		IWF	22	03	L
Submitted by: _		Seria	l No.			Assignmen	t:		Phon	e:
Allen Hayden		N44	461			77th RJS				
Type of Expenditure	e:	Fac	ility		Se	ction OIC A	oproval Si	gnature:		Serial No.
REOCCURRIN	iG 🔲	RLM	\boxtimes	AREAS	10 e. r				₩.	31991
NEW NEW		77TH		ALL	Admin	Section Rev	view Signa	ture:		
OTHER (explain t	elow)	VJS		OTHER	(explain):		Harl	bor Area	Jail	
Description of expenditur	e (include deta	iled informa	ition, i.	e. make,	model, ac	cessory equi	pment, size,	installatio	n require	ements, etc):
Culinary Depot Quote (thermostat with digital on compressor.										
	Justificati <u>on f</u> o	r expendit	ure (h	lliw wor	the expe	nditure ben	efit inmate	Sj:		
only keep the freezer remeals at Harbor Jail. The dormant for over 10 year dimensions to fit into the possible (48 cases). The There are no City or Description of the control of the cont	ne old freezer ars. This repl ne available J are is no back Reoss	was pure acement ail Kitche c-up freez on City res	chase unit v en spa er or ource	ed prior was seld ace and walk-i	to the or ected bas the inner n freezer not used t	riginal 200 sed on avail or dimension at this loo or expendit	9 opening lability (it ons to hole ation.	g of Harb n stock),	oor Jaii , exteri	l and sat
Estimated Cost: \$3,	382.50	Actual Co	ost:	\$3.	382.50	City App	roved Ver	ndor:	Yes	⊠ No
List of non City			_		_					
Company Name		Contac		I		one:			nate:	
1 Culinary Depor	I	Pnina Ma				15-8200			32.50	
2					-	-				
				-	2	0-144				N Ollins
Vendor Selected: Culina	iry Depot	2014				Selected:	Price	L Chy	vendo	other
Commanding Officer	/ Fund Chair:	DO N	OT WI	KITE BE	LOW THIS		al No.		Dole:	
Commanding Officer Approved Denied Member Name: Approved Denied Member Name: Approved Denied Regulated Fover \$40,000 Commandin	Herauli 1- Ernauli 3. Value	7				Ser	6287 3276 3276 3511	5	Dale:	3-2022

DATE SUBMIT	TED	n	TEM(s) REQUE	STED:		CONTROL NUMBER
8/10/2022	2		DirecT	V		IWF-22-032
Submit		Se	rial No.	Assig	nment:	Phone:
D.O. Cama	rena		14206	MIS	/CSD	
Type of Ex	penditure:	F	acility	5-100	OTC A Proval	Serial No.
X REO	CCURRING	Х МЭ	ARI	EAS		20765
	NEW	77T	Н А	L Admin Secti	on Keview/sign	nature
OTHER	(explain below)	VJS	OTH	IER (explain):	7 //	
Description of ex	penditure (include	detailed info	mation, i.e. ma	ke, model, accesson	equipment, sze,	installation requirements, etc.):
	Justificat	ion for expe	enditure (hov	will the expendit	ure benefit inn	nates):
TV service for ar	restees in housi	ing units pe	er Title 15.			
				ere not used for e		
Funds are alloca	ted through the	use of the	Inmate Wel	fare Fund for the	benefit of the	Inmates.
Estimated Cost:	\$66047 3.45.	4 Actual	Cost:	\$6/5/1326 24 Cit	y Approved Ve	endor: X Yes No
List o	f non-City vendo	rs contacte	for estimate	es (minimum of th	ree for new pu	urchases over \$10,000)
Company			ntact	Phone:		Estimate:
	DirecTV	Cus	tomer Service	888-388-42	249	\$66847 328.24
2					_	
Vendor Selected:	Direc			Reason Selec	ted: Price	e City Vendor × Other
70.1001 02.1001			NOT WRITE	BELOW THIS LINE		
Approved Comman Comman Denied Comman Member	0.0	AN OLER	S anature	01000	Serial No : 7828 Serial No .	Date: 8/17/22 0 8/17/27

4/8/22	_	HEW	(5) KI	EQUESTED.		CO	NTROL NUMBER
		ASS	I Se	rvice Call		TOF 2	2-017
Submitted by:		1a-ut	1.2		Assignmen	it:	Phone:
Allen Hayden		N44	61		77th RJS	5	
Type of Expenditu	re:	Faci	iity		Section QIC	Approval Signat	ure; Serial No.
REOCCURR	NG [] MJS		AREAS			3/99/
NEW NEW		77TH		ALL Adr	nin Section Re	view Signature:	
OTHER (explain	below)] VJS		OTHER (explo	in):	Pacifi	ic Jail
Description of expenditu	ire (include de	tailed informat	tion, i	e, make, model	, accessory equ	ipment, size, insta	rialion requirements, etc):
Service call to correct with ASSI during regu contract does not take	lar business	hours. Tecl	hnici	ian was on si	e between 1	30-2:30 PM.	placed this request The ASSI Pacific Jail 017092.
	Justification	for expenditu	ure (ow will the ex	cenditure per	efit inmates);	
		sson Çily resc	ource	es wére not use	d for expend	lyre:	
There are no City or I	epartment f	unds allocat	ted f	or this expen	se.		
	Department f	unds allocat		or this expen		acoved Vendor:	☑ Yes ☐ No
Estimated Cost: \$	150.00	Actual Co	st:	\$150.00	City Ap	ew purchases o	
Estimated Cost: \$ List of non Company Name 1 ASSI	150.00 ty vendors co	Actual Co	si: estim	\$150.00 ates (minimum	City Ap of three for n		
Estimated Cost: \$ List of non Company Name 1 ASSI	150.00 ty vendors co	Actual Car ntacted for e Contac	si: estim	\$150.00 ates (minimum	City Ap		ver \$10,000) Estimate:
Estimated Cost: \$ List of non Company Name 1 ASSI 2	150.00 ty vendors co	Actual Car ntacted for e Contac	si: estim	\$150.00 ates (minimum	City Ap of three for n	ew purchases o	ver \$10,000) Estimate:
Estimated Cost: \$ List of non Company Name 1 ASSI 2 3	150.00 ty vendors co	Actual Contacted for e Contacted For Esq	st: estime	\$150.00 ates (minimum	City Ap of three for n Phone on Selected:	ew purchases o	ver \$10,000) Estimate: \$150.00

DATE SUB/	MITTED	ПЕ	M(s) R	REQUESTE)·			CONTRO	DL NUMBER
5/12/2	22	Garrett	Light	t Bar Cor	itrolle	г	IWF	22-	-033
Sulb	mitted by:	Serie	al No.			Assignme			Phone:
Alle	n Hayden	N4	461			77th R	JS		
Type of	Expenditure:	Fac	cilify			ection Of	Approval Sign	ature:	Serial No
R	REOCCURRING	MJS		AREAS					32329
	NEW	77TH		ALL	Admi	n Section R	eview Signatur	9:	
OTHE	R (explain below)	ZLV Z		OTHER (explain):			
Description of	f expenditure (include	e detailed informa	ation, i	e make, n	nodel, c	ccessory eq	uipment, size, ins	laliation i	requirements, etc.
	for a replacement of including shipping		. Esti	amte #27	42. G	SD Electr		ar Contequeste	roller ed for install.
		4							
	ough metal detecto								
entering the ja	ail.						SAL S	T	
		Reason City reso	ource	s were no	used	iói expendi	iture:		
here are no c	city funds for this	purchase.							
	-115.00			0115		100			
Estimated Cost		Actual Cos		\$115			proved Vendor		Yes 🛛 No
	of non City vendors	_		ites (minin			ew purchases of		
	ny Name	Contac			Pho	nne		Estimat	
Security	Detection	Rick Sm	ith					\$115.0	00
					-	-			
					-				
endor Selected	Security Detect	ion		Pa	arron S	selected.	Price	City Va	ndor 🛛 Other
C. Idol Spice ise	Beetalty Detec		T there				Dilice D	City ve	IGOL M CALLER
	anding Officer / Fund Chair	DO NO	1 AAM	TE BELO	N THIS		al his		
proved Cornino	anding Officer / Fond Char					1	of No.	Pari	6:
Denled 00	COURT CELENCO	Unistrate .					26238	16	- 7-22
Membe	r Nome:					Seri	al No.:	Det	bi .
Davied 50	t 11 B. Val					1 3	5/10	16	- 8 - 27
Darved Memor	Jome	-					ol No.:	Dak	2 0
boxed	1 7 - 11	1.				D	235. 1	1 00	5
Jened	t as Her	I BUCKET				1	20+02	_ 6	14.12
equired # Dym \$40 D	Commanding Officer, SSG:	5				Serk	ol No	Date	7
Provincial Control of the Control of		U		L	11				
Derlied									
equirpid & Cymr \$50,000	Commanding Officer, ASE:	Signalu	186		11	2ark	No.2	Date	E .
ricved					. /	7			
		4,000			V				
Denled		19			V				

D	ATE SUBMITTED	ITEM(s) RI	EQUESTED:		COI	NTROL N	UMBER
	07/28/2022	Three replacem	ent cameras	_	IWF.	22-	034
	Submitted by:	Serial No.		Assignment		Phi	one:
[D.O. Marie Graham	N3073		CSDNJS			
	Type of Expenditure:	Facility	9	ection O[C Ap	proya Signa	ture:	Serial No.
	REOC CURRING	MJS	AREAS				27583
Х	NEW	77TH	ALL Admi	n Section Revi	ew Signature	e:	
	OTHER (explain below)	X vis	OTHER (explain	1):			ęk.
Desc	ription of expenditure (include	detailed information, i.	e. make, model, a	c c essory equipm	ent, size, install	ation requi	rements, etc.):
that a	Justificate cameras have failed, unable re in these cells, assisting to byee compliance with departments.	stop fights, suicide a	th the server Ti	nese cameras	will assist in r	nonitorin	g the arrestees
Expen	diture was not included in the	Reason City resource City's budget and d			ture:		•
Estir	nated Cost: 3000.00	Actual Cost:	3000 00	City Appr	oved Vendor	: X	Yes No
	List of non-City vendo	rs contacted for est	ımates (minimu	m of three for	new purcha	ses over	\$10,000)
-	Company Name	Contact	Р	hone:		Estimate	1
	SI Security	Hector Gonz	alez		3,000.	.00	4
2 3 Vend	or Selected:	SGAME TOLS	Reaso	n Selected:	Price X C	ity Vend	or Other
			RITE BELOW TH			1	
Aps Aps Aps Aps Aps Aps Aps Aps Aps Der	Member Name Member Name Member Name Square Moder	Cose		Seria Seria	1025 1 No. 5 110	Date Date Date Date Date	1/3/22
Api	d ii Over \$50,000 Commanding Officer, AS proved nied	B: Signature:		Seria	I I I I I I I I I I I I I I I I I I I	Date	==

RECEIPTS and DISBURSEMENTS REPORT

VISION SD	179	E OF FUND INMATE WELFARE FUND	SI	ONTH YEA EPTEMBER 202
DATE	ITEM AND EXPLANATION		AMOUNT	TOTAL
		BEGINNING BALANCE		\$2,209,521,92
9/1/22	BANK BALANCE			\$2,205,521.52
8/1/22	W	ELLS FARGO BANK		
		DEPOSIT	S IN TRANSIT \$	
		OUTSTANI	DING CHECKS \$321.99	
			TOTAL	\$2,209,199 93
		RECEIPTS THIS MONTH	\$29,250 00	
9/12/22	PARTNERS FOR A SAFE	RAMERICA	\$29,200 00	
9/9/22	INTEREST EARNED		\$615.50	
			TOTAL	
			INNING BALANCE PLUS RECEIPT	\$ \$2,239,065.43
9/8/22	Check #2088 CALIFORNIA D	DISBURSEMENTS THIS MONT	IWF 22-036 \$25.00	
9/8/22	Check #2089 D-RECTV IWF	22-037	\$347 32 \$724.24	
9/26/22 9/20/22	Check #2090 PCD IDENTIC/ Check #2093 DAILY NEWS	VJS) IWF 22-035	\$4304.22	
4, 20, 22				
			TOTA	L \$5,400.78
				\$2,233,664.65
		ENDING BALANCE		\$2,233,664.03
9/30/22	BANK BALANCE			\$ 2,239,065.43
		DEPOSI	IS IN TRANSIT \$0	
			25 400 70	
		OUTSTAND	ING CHECKS \$5,400.78	
	/D! EACE DEED T	O ATTACHED BANK RECONCILIATIO	N SCHEDULE)	
	(FLEASE REFER)	V CHOVIES SCHILLESONSFILM		
			TOTA	L \$2,233,664.65
VISION COMMA	HEP 10.	ATE AUDIT COMM		
	0.00-10.0	American Address of		ARTER N3754
		JEFF WONG		7 4
ORLANDO		0/20/22 JERRY LEE	M4522	/
Com	manding Officer dy Services Division	JERRY LEE	(213) 356-3460)

		IDII OILL O	OTTATEOD I OTO		
DATE SUBMITTED		ITEM(s) REQUES	TED:	ÇON:	TROL NUMBER
8/26/22	CDPH-M	WMP Annual	Registration Fee	,	22-036
Submitted by:		Serial No.	Assignm	ient:	Phone:
Velinda Riparip		N6163	MJS/C	SD E	
Type of Expenditur	e:	Facility	Findon (3)	Approval S grace	Serial No.
X REOCCURRIN	G X M	S ARE	AS	- 10 40 40 40 40	327100
NEW	77	TH ALI	L Adphy Section	Review Signature.	
OTHER (explain	below) V.	IS OTH	ER (explain):		
Description of expenditure	e (include detailed inf	ormation, e mak	e, model, accessory eq	urim ent, size, instaliat	on requirements, etc.).
2022 Annual Registration Program (MWMP).			will the expenditure		
On January 1, 1994, 3 Management Act (MV annual fee in the amo infectious disease cau and disposal of medic	VMA), requiring unt of \$25.00. Tusing agents, the	Small Quanti o protect the MWMP reg	ty Generators (So public and the elulates the general	QG) of medical nvironment from ation, handling, s	waste to pay an potentially storage, treatment,
	Reason Cil	ty resources we	re not used for exp	enditure:	
There are no City or De	epartment funds a	llocated for thi			
Estimated Cost: \$25				n proved Vendor:	X Yes No
List of non-Cit	y vendors contacto	ed for estimates	s (minimum of three	for new purchase	s over \$10,000)
Company Name	Co	ontact	Phone:	E	stimate:
1 California Dept of Publi Health-MWMP	Custon	ner Service	916-449-5671		\$25.00
2					,
Vendor Selected: Californ	ia Dept of Public H	ealth-MWMP	Reason Selected	Price X Ci	ty Vendor Other
TOTAL DETECTOR, DUMOTT			BELOW THIS LINE		<u>—————————————————————————————————————</u>
Approved Denied LT S	AJKCHILD			Senal No 2756	Date.

DATE SUBMITTED		ITEM(s) R	EQUESTED			CONT	ROL NUME	BER
9/06/2022		Di	irecTV				IWF-ノス	-037
Submitted by:		Serial No.		Assi	gnment		Phone:	
D.O. Camarena		N4206		MJS	S/CSD			
Type of Expenditure	2:	Facility		Section	1 OSC AP	proval Signatur	2	Senal No.
X REOCCURRING	s X	MJS	AREAS		III. 25		13	2715
NEW		77TH	ALL	Admin Sect	ior) Rev	w Signatura_		
OTHER (explain	pelow)	VJS	OTHER (explain):	/ /	1		
Description of expenditure	(include detailed	information, i.	.e. make, me	odel, accesso	y equipe	rent, size, Installatio	n requireme	ents, etc.):
]	ustification for	expenditure	(how will	the expendi	ture ber	nefit inmates):		
Funds are allocated throu		City resource					s.	
Estimated Cost: \$347	32 Ac	tual Cost:	\$347.3	2 Ci	tv Aporo	oved Vendor:	X Yes	No
					-	new purchases		000)
Company Name		Contact		Phone:			imate:	
1 DirecTV		Customer Se	ervice	888-388-4	249	\$347.32		
2								
Vendor Selected:	DirecTV		R	eason Selec	ted:	Price City	Vendor	Other
		DO NOT W	RITE BELO	W THIS LINE				
Approved Denied Member Name	Fund Chair:				Serial	7573 No:	Date:	8.22
Denied St H B	.Valle	1 3 / 1			3 S	TIVO No.:	9 - 2 Date:	7-22
Required Fover \$44,000 Commanding		100			Serial	702-3 No.	9.27 Date:	. 22
Approved Denied Required # Over \$60,000 Commanifing	Micor ACE				Carlot	Ma (Date	
Approved Denied	united POD.	Signature:			Serial	Tep.,	Date:	

DATE SUBMITTED		ITE/	VI(s) Ri	EQUESTED				CONTRO	LNUMBER
9/12/22		Arrestee \	Wrist	bands Fa	steners			22-1	038
Submitted by:		Serio	ıl No.			Assignmen	1		1
Allen Hayden		N4	461			77th RJS		F 4	E. A E
Type of Expenditu	re:	Fac	ility		Sec	tion OIC	Approval Si	ignature:	Serial No.
REOCCURRI	NG	MJS		AREAS	-		_		31991
NEW				ALL	Admin S	ection Re	view Signa	ture:	
OTHER (explain	below)	ZLV 📗		OTHER (explain):	77t	h RJS, H	arbor Jail,	Pacific Jail
Description of expenditu	re (include d	etailed informa	ation, f.	e. make, r	nodel, acc	essory equi	pment, size	, installation i	requirements, etc)
Purchase of secureband wristbands). PCD Iden	nticard Quo	te No. 2679	1520						arrestee court
	Justification	n for expendi	ture (t	now will th	e expend	diture ben	efit inmate	s[:	
have been severly limi court wristband loops (There are no City or D	they require	e resulting in	n a ex	cessive	amount	of wristb	ands with		
Estimated Cost: \$7	24.24	Actual Co	st:	\$72	4.24	City App	roved Ver	ndor:	Yes No
List of non Cit	y vendors co	ontacted for	estimo	ates (mini	mum of t	nree for ne	w purcha	ses over \$10	(000,
Company Name		Contac			Phor	ner		Estimo	
PCD Identicar	d L	&E House	Acco	unt	_			\$724.	24
2 3					-				
Vendor Selected: PCD	Identicard				Reason Se	elected:	Price	☑ City Ve	endor 🔲 Other
		DO M							
Approved C		DOTAL	OT WE	RITE BELO	OW THIS		Al Miss		

DATE SUBMITTED	I	TEM(s) REQUESTE	D:		OL NUMBER
09/20/22		LA Daily Nev	/S	IW	F-22-035
Submitted by:	S	erial No.	Aşsıgnme	nţ:	Phone:
D.O. Carter		N3754	MJS/CSI		
Type of Expenditure	:	ac lity	Section OIC	Approval Signature	: Serial No.
X REOCCURRING	i MJS	AREAS			
NEW	771	H ALL	Admin Section Re	eview Signature:	
OTHER (explain b	elow) X VJS	OTHER	(explain): VAN NUY	S JAIL	
Description of expenditure	(nclude detailed info	mation, re. make,	model, accessory equi	pment, size, instaliation	requirements, etc.):
Yearly subscription to the	Los Angeles Dail	y News for Var	Nuys Jail.		
J.	stification for expe	enditure (how w	It the expenditure b	enefit inmates):	
(non-English) publication Type 1 jail facilities. Reconstruction Estimated Cost: \$4 304	quired by Young	blood Ruling	Youngblood VS	Gates, 1988).	Yes X No
List of non-City	vendors contacted	for estimates (minimum of three (or new purchases o	over \$10,000)
Company Name	Cor	itaet	Phone:	-	mate;
1 Los Angeles Daily	Vews Cust	omer Service	(818) 713-3131	\$4,304.22	
yendor Selected:	Los Angeles Daily	News	Reason Selected	Price City V	/endor X Other
	DO	NOT WRITE BE	LOW THIS LINE		
Approved S. Approved	7Ficer, 557	Signature	Se	27583 26288 26288 273116 35116 rial No	9-21-22 Date 10-5-22 Date 10-12-22 Date Date

LAPD FORM 15 47.0 (5-60)

RECEIPTS and DISBURSEMENTS REPORT

MONTH YEAR DIVISION OCTOBER INMATE WELFARE FUND 2022 CSD AMOUNT TOTAL DATE ITEM AND EXPLANATION **BEGINNING BALANCE** \$2,239,065.43 BANK BALANCE 10/1/22 **WELLS FARGO BANK DEPOSITS IN TRANSIT OUTSTANDING CHECKS** \$5,400.78 TOTAL \$2 233 664.65 RECEIPTS THIS MONTH \$603.67 10/11/22 INTEREST EARNED TOTAL \$603 67 BEGINNING BALANCE PLUS RECEIPTS \$2,234,268,32 DISBURSEMENTS THIS MONTH \$3,300 00 Check #2094 ASSI SECURITY IWF 22-041 10/5/22 Check #2095 ALLIED UNIVERSAL IWF 22-042 \$1085.76 10/7/22 Check #2096 LA OPINION !WF 22-039 \$14,031.90 10/12/22 \$1875.00 Check #2097 METRO IWF 22-044 10/12/22 \$7,256.67 Check #2098 GRAINGER IWF 22-043 10/13/22 Check #2099 DIRECTV IWF 22-045 \$328.24 10/13/22 \$714.86 Check #2100 DAILY NEWS IWF 22-040 10/21/22 Check #2101 ASSI SECURITY 22-046 \$1235.00 10/28/22 \$535.00 10/28/22 Check #2102 ASSI SECURITY 22-047 TOTAL \$ 30362.43 \$2,203,905 89 **ENDING BALANCE** BANK BALANCE \$ 2,227,679.32 9/30/22 DEPOSITS IN TRANSIT \$0 \$23,773.43 **OUTSTANDING CHECKS** (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) TOTAL \$2,203,905 89 PREPARED BY AUDIT COMMITTEE DATE DIVISION COMMANDER DO M.CARTER N3754 **JEFF WONG N2799** TELEPHONE EXTENSION ORLANDO CHANDLER, Captain 11/11/22 Commanding Officer JERRY LEE N4522 Custody Services Division

09/19/2022		11 E(1(3)) REQUESTE	D:			ROL NUI	
C. bankend bur	Three r	repla cemen t ca	meras for ce	ls		I WF 22	2-041	1
Submitted by:		Serial N	lo.		Assignmer		Phon	
D.O. Marie Graham		N3073	3		CSD/VJS			
Type of Expenditur	e:	Facility	/	Se	ction OIC	Approval Signatu	re:	Serial No.
REOCCURRIN	G	MJS	AREAS	÷	0		0 3	18475
X NEW		77TH	ALL	Admin	Section Re	view Signature:		
OTHER (explain	below) X	V3S	OTHER	(explain)				
Description of expenditure	(include deta	aled information	ı, i.e. make, m	odel, a co	essory equip	m ent, size, installatio	n required	ments, etc.):
These cameras will a attempts and the ingestion	assist in moni of narcotics Reas	itoring the arrehelping to ens	estees that sure better inces were i	are in the	ese cells, a e complian	ce with departme	ghts, suic	eide
Expenditure was not include	ed in the City	s budget and	directly be	nerits ari	estees.			
	00							
Estimated Cost: 3,300	00	Actual Cost:	3,300	00	City App	roved Vendor:	X Yes	s No
						roved Vendor:		
					of three fo	r new purchases		
List of non-City Company Name 1 ASSI Security		ntacted for e	stimates (n	nınımum	of three fo	r new purchases	over \$10	
List of non-City Company Name	y vendors co	ntacted for e	stimates (n	Pho	of three fo	or new purchases	over \$10	0,000)
List of non-City Company Name 1 ASSI Security 2	y vendors co	Contact Hector Gor	stimates (n	Pho Pho Reason S	of three forme:	er new purchases Es 3,300 00	over \$10	0,000)

			ITE	VI(S) K	EQUESTE):		CONI	ROLNUM	IBEK
9/21/22			Wi	ndov	/ Cleanii	ng		JAF 2	2-0	42
Submitted by:			Serio	d No.			Assignment		Phon	e:
Allen Hayden			N4	461			77th RJS			
Type of Expenditu	ıre:		Fac	aldy		Se	ction OIC A	pprovat Signature	:	Serial No.
REOCCURR	ING		MJS		AREAS					31991
NEW NEW			77TH		ALL	Admin	Section Rev	iew Signature.		
OTHER (explain	below)		VJS		OTHER	(explain):				
Description of expenditu	ure (include	detaile	d informa	ation,	i.e. make,	model, ac	cessory equip	oment, size, installati	ion require	ements, etc):
Allied Universal Janite	orial Servi	ices; q	juote fo	r wii	ndow cle	aning at	77th RJS	totalling \$1085.	76,	
	Justification	on for	expendi	ture (how will t	he exper	nditure bene	fit inmates):		
responsibilities. There inches. Windows are a (if ever). The accumul it difficult to observe a large windows in the I	as high as lation of deactivity be lail housing	27+ for ust (and tween ag block	eet in so nd other the ho cks, the	ome a r) ha using hall	areas (se s created g units an ways bet	e photogo l a froste nd the se tween bl	graphs) and ad film like acurity boo ocks, and t	have not been coating on the th(s). This servi	cleaned window ce will i	in years s making nclude all
	F	?easor	City res	ourc	es were n	of used f	or expenditu	re:		
There are no City or E	Departmen 1,085.76		s alloca			expense.	C'ty Ann	roved Vendor:	∑ Yes	□ No
		_							_	
		conta	Conta		igies firm		one lorne	w purchases over	timate:	
Company Name Allied University			iguel A		z		6-1965		,085.76	
2							_			
3	1.1.1					Denie	- 			
Vendor Selected: Allie	univers	aı	DO N	OT W	OITE DEI		Selected:	☐ Price ☐ Cit	y vendoi	U Olner
			DO N	O1 W	RITE BEL	OM INIS	FILE			
Commending Office	er / Fund Chair.	0	1			1	Serio	l No.:	Date:	1 1

DATE CHIRATET	-0		s) REQUESTED	1. INODIOIG		TROL NUMBER
DATE SUBMITT	ישי			Α:		IWF-22- 039
9/20/22			La Opinion	4		
Submitte	d by:	Serial		Assignm		Phone:
D.O. Carter		N37	54	MJS/CS	SD I	
Type of Exp	enditure:	Facili	ity	Section OII	Approval Signati	ure: Serial No.
X REOCO	URRING	MJS	AREAS			
N	EW	7 7T H	ALL ALL	Admin Section	Review Signature:	
OTHER (e	xplain below)	VJS	OTHER ((explain): "77", VJS	, MJS, HWD, PACIFIC	HARBOR
Description of expe	enditure (include	deta led informati	on, i.e. make, n	nodel, accessory equ	uipment, size, instaliat	tion requirements, etc.)
Yearly subscription To assure that in (non-English) pu Type 1 jail facilitie	Justification de la Justif	on for expendit ites have acco	eess to a da	nily newspaper	and Standards	ulation, including a s S Authority for
Estimateo Cost:	\$44,783.50-	Actual Cos			pproved Vendor:	
List of i	on-City vendor	s contacted for	estimates (r	ninimum of three	for new purchase	es over \$10,000)
Company	vame]	Contact		Phone:		st mate
1La (Opinion	Sal Mont	tejo		\$14,782	60 \$14.031.70
Vendor Selected:	Los An	geles Daily Ne	ws	Reason Selected:	Price Cit	y Vendor x Other
		DO NO	T WRITE BEL	OW THIS LINE		
Approved Denied Approved Denied Approved Denied Approved Denied Approved Denied Approved Denied	PAINCHILD Demos (e e			27583 26288 35110	Date 9-21-22 Date 10-5-22 Date 10-12-22 Date
Required # Over \$50,000 Co Approved Denied	nmanding Officer, ASB	Signati	ure:		Serial No.	Date.

		ITE	M(s) REQUEST	ED.	CONT	ROL NUMBER	
10/4/2022		N	Metro Tap Caro	s	TOF 23	n 044	
Submitfed by:		Sen	al No,	Assigniren		PP sezi	
Jacson		N3	3066	Administration	/e		
Type of Expenditure	el .	Fac	cility	Section OI€ A	Section OIC Approval Signature: Serial No.		
REOCCURRIN	G	MJS	AREA	S			
NEW		77TH	ALL	Admin Section Rev	view Signature		
OTHER (explain b	elow)	2LV	OTHER	? (explain):	,-		
Description of expenditure			alion, i.e. make	, model, accessory equi	pment, size, installati	ion requirements, etc);	
Metro Tap cards are used replaced bus tokens. Los Angeles Metro public will allow CSD to continue	Justification f	or expend	ture thow will	the expenditure bening TAP card from patential	e't ing otest: trons. The purcha		
The provision of providing				not used for expendit		the City budget.	
Estimated Cost: \$1,8	75.00	Actual Co	ost:	City App	roved Vendor:	Yes No	
				City App			
			estimates (m		w purchases over		
List of non City Company Name Metro	vendors con	tacted for Conta	estimates (m	inimum of three for ne	ew purchases over	\$10,000)	
List of non City Company Name Metro 2	vendors con	tacted for Conta	estimates (m	inimum of three for ne	ew purchases over	\$10,000) limate;	
List of non City Company Name 1 Metro 2 3	vendors con	tacted for Conta	estimates (m	inimum of three for ne	Est \$1	\$10,000) limate: ,875.00	
List of non City Company Name Metro 2	vendors con	Conta Vendor Su	estimates (mact	Phone:	Est \$1	\$10,000) limate;	

	DATE SUBMITTED		ITEM(s)	REQUESTE	D:	CONTROL NUMBER			
	10/05/2022		Pressure Wa	sher and	Equipm	ent		TWF- 2	2-043
	Submitted by:		Serial N	0.		Assignme		Phone	
	D.O. Camarena		N4206	3		MJS/CSE			
	Type of Expenditu	ire:	Facility	,	Se	grion Oil	Approval Signatur	e:	Serial No.
	REOCCURRI	NG	X MJS	AREAS	Al-	· ·		13	2765
X	NEW		77TH	ALL	Admin	Section Ke	view Signature:		
	OTHER (explain	below)	V)S	OTHER	(explain)	: U			
Des	scription of expenditu	re (include d	letalled information	, i.e. make, i	model, ac	cessory equi	oment, size, installatio	n requiren	nents, etc.)
	e of Work: se see attached G	rainger Qu	otation for a To	ital of \$7,2	256.67				
_		Justificatio	n for expenditui	re (how wi	II the ex	penditure b	enefit inmates):		
Fund	ner and associated ract do not encompared the same allocated three ention of communication and same are allocated the same allo	eass cleani Ro ough the u	ng the arrestee eason City resource ase of the Inmat	staging a irces were te Welfare	not used Fund for	i for expen	diture:		
Est	imated Cost: \$7,	256 67	Actual Cost:	\$7,2	56 67	City Ap	proved Vendor:	es	X No
			contacted for e	stimates (minimun	n of three f	or new purchases	over \$10	0,000)
-	Company Name		Contact	- · - T		one:	-	imate:	_
1	Grainger		#36-11502	80	(888)	486-7865	\$7,256.67		
2								_	
3 Ven	dor Selected:	Grainger			Reason	Selected:	Price X City	y Vendd	Other
			DO NOT	WRITE BEI	LOW THIS	SLINE			
Requi	pproved enied Contra in the enied pproved enied Parmber Name: pproved enied Parmber Name: pproved enied if Over \$40,000 Command pproved enied enied enied enied	0	Coss Note			Se /Se	16288 risk No.: -7023 risk No.:	Date: Oate. Daty: Date: Date:	3/2022

	DATE SUBMITTED ITEM(s) REQUESTED:					C	CONTROL NUMBER		
	10/05/2022			DirecTV				IWF-	2-045
	Submitted by:		Serial No).		Assignmen	it:	Phone	
	D.O. Camarena		N4206		,	MJS/CSD	1 1		
	Type of Expenditu	re:	Facility		/ce	ion of	pp/aval Fisc	ature	Serial No.
X	REOCCURRI	NG	X MJS	AREAS	as a fine			1 To 10	22 ke 5
	NEW		77TH	ALL	Adroin	Section Re	view Jighatu	re-	
	OTHER (explain	n below)	VJS	OTHER	(explays):				
Des	cription of expenditu	ire (include d	fetailed information,	i.e. make, r	model, acc	essory equip	ment size/insta	ilation requirer	nents, etc.):
		Justification	on for expenditure	e (how wi	I the exp	enditure b	enefit inmate	es):	
Fund	s are allocated thr	ough the u	eason City resour	e Welfare				nates.	
Feti		128.24 15.50	Actual Cost:	4675		City App	roved Vendo	r: X Yes	No
LSU			contacted for es						
	Company Name		Contact		Pho	-		Estimate:	and a
1 -	DirecTV		Customer S	Service	888-38	38-4249	\$ 973	.50 22g-	24
3 Vend	dor Selected	DirecT\	/		Reason S	selected:	Price	City Vendor	× Other
7.5.1.5				WRITE BEI	.ow THIS	LINE			
9		r / Fund Chair	\$ gnature				al No :	Date	

DATE SUBMITTED		ITEM	l(s) R	EQUESTE	0:	CONTROL NUMBER		
09/20/22		1	A Da	aily New	S		WF-22-040	
Submitted by:		Seria	l No.		Assignme	nt:	Phone ^r	
D.O. Carter		N3	754		MJS/CS	D	<u> </u>	
Type of Expenditu	ıre:	Fac	ility		Section OIC	Approval Signatu	re: Serial No.	
X REOCCURRI	NG	MJS		AREAS				
NEW		77TH		ALL	Admin Section R	eview Signature:		
OTHER (explain	below)	VJS	*	OTHER	(explain): HOLLYWOOD JAIL			
Description of expenditu	re (include detaile	ed informa	t⁄on, i	e. make, r	nodel, accessory equ	pment, size, installat	on requirements, etc.).	
Yearly subscription to th	ne Los Angele:	s Daily N	lews	for Holl	wood Jail.			
Teatry Subscription to the				_				
,		, , , , , , ,		-	I the expenditure			
To assure that interes	ited inmates l	have ac	cess	s to a da	ally newspaper	in general circu	llation, including a	
(non-English) publicat	tion, as mand	lated in	Title	15 of t	he Corrections	and Standards	Authority for	
Type 1 jail facilities. R	lequired by Y	oungblo	ood I	Ruling (Youngblood VS	Gates, 1988).		
,	and out			و ا	7/11.86			
9	714 80			7	714.84			
Estimated Cost: 51,	714.61 A	Actual Co	st:	\$1,Z	City Ap	proved Vendor.	Yes X No	
List of non-C	ity vendors con	tacted fo	r est	imates (r	minimum of three	for new purchase	s over \$10,000)	
Company Name		Conta	ct	` `	Phone:	E	stimate:	
1 Los Angeles Dail		Custom	er Se	ervice	(818) 713-3131	\$1,714.6	4 114.84	
2								
3 Vandar Salactad:	Los Angeles	— Daily M	OW/S	-	Reason Selected	Price Cit	y Vendor x Other	
Vendor Selected:	Los Angeles	_		RITE REI	OW THIS LINE		,	
The second secon	THE CASE	DOIN	01 11	TOTE DEL		are Mile	Date	
Approved S. FA	mchild				7-100	27583	1-9-21-22	
Approved	NO CHAIR					erial No	Date	
Denied Carrier C	san CHWALE					26289	10-5-22	
Approved Member Name:	B. Valle				9	35U	La -70-22	
Denied 59t 4	ng Officer, SSG							
Approved	tide characters was a						1 Date	
					9	erial No	Date	
Required I Over \$50,000 Commandia	ing Officer, ASB:	Sign	ature:			erial No	Date	
	ng Officer, ASB:	Sign	ature:					

		ITE	M(s) R	EQUESTED:		CONT	ROL NUMBER
10/19/22		ASSI Se	rvice	Call Pacific Jai	i1	Ist 22	.046
Submitted by:		Serio	ıl No.		Assignmen		Phone:
Allen Hayden		N4	461		77th RJS		
Type of Expenditur	e:	Fac	cility	3	Section OIC Approval Signature		Serial No.
REOCCURRI	NG 🔲	ZLM	X	AREAS			31991
☐ NEW		77TH		ALL Admir	Section ke	view Signature:	0507 1 157
OTHER (explain t	pelow)	SLV		OTHER (explain	}:	Pacific J	Jail
Description of expenditu	re (include detai	led inform	ation, i.	e. make, model, a	ccessory equ		
ASSI Service Call for I Work Order #44458, co	opy attached.						ice #SD15752,
	Justification for	r expendi	ture ir	ow will the expe	nditure ben	efit inmates):	
There are no City or De				s were not used or this expense.		Ure:	
Estimated Cost: \$1,2	235.00 A	Actual Co	st.	\$1,235.00	City App	roved Vendor:	☐ Yes ☐ No
List of non City	vendors conta	cted for	estimo	ites (minimum of	three for ne	w purchases over	\$10,000)
Company Name		Contac			one:	Esti	mate:
ASSI	He	ector Esc	uivel			\$1,	235.00
3				-	-		
						D. D.	
Vendor Selected: ASSI				Reason	Selected:	Price 🗵 City	Vendor ☐ Other
Vendor Selected: ASSI Commonding Officer		DO NO	T WR	Reason TTE BELOW THIS		☐ Price ☒ City	/ Vendor

DATE SUBMITTED	ITEM(s) R	EQUESTED:		co	NTROL NUMBER
10/19/22	ASSI Service	Call Pacific	Jail	TWF 2	2-047
Submitted by:	Serial No.		Assignmen		Phone:
Allen Hayden	N4461		77th RJS	3	e = _a= ± ===
Type of Expenditure:	Facility		Section OIC	Appro al Signat	ure: Serial No.
REOCCURRING	☐ MJS 🗵	AREAS			31991
NEW	77TH	ALL A	dmin@ection Re	view Signature:	
OTHER (explain below)	□ 2LV □	OTHER (exp	olain):	Pacifi	c Jail
Description of expenditure (includ	e detailed Information, i.	e. make, mod	lel, accessory equ	ipment, size, instal	lation requirements, etc):
ASSI Service Call for Pacific J Order #46575, copy attached. Justifica This is an uppaid invoice from	tion for expenditure th	now will the e	expenditure ben	efit inmates)	
There are no City or Departmen	Reason City resource			ure:	
Estimated Cost: \$535.00	Actual Cost:	\$535.0	0 City App	roved Vendor:	☑ Yes ☐ No
List of non City vendors	contacted for estima	ites (minimu	n of three for ne	w purchases ov	rer \$10,000)
Company Name	Contact		Phone		Estimate:
1 ASSI	Hector Esquivel				\$535.00
3					
Vendor Selected: ASSI		Rea	son Selected:	☐ Price ☒ C	City Vendor 🗌 Other
	DO NOT WR	ITE BELOW	THIS LINE		
Approved Denied Member Name: Approved Denied Member Name: Approved Denied Remulated if Over \$40,000 Commanding Officer, SSG Approved	sucial s		Seric Seric	102-5 102-5 102-5 100-5 100-5 100-5 100-5	Date: D/21/22 Date: 10/21/22 Date: 10/20/22 Date:
Renated 1 Over \$50,000 Commanding Officer, ASB Approved Denied	Signoture.		Serio	i No.:	Date

LAPD FORM 15.47.0 (5-60)

RECEIPTS and DISBURSEMENTS REPORT

VISION BD	TYPE OF FUND	ATE WELFARE FUND		NTH YEVENBER 20
DATE	ITEM AND EXPLANATION		AMOUNT	TOTAL
	BEG	INNING BALANCE		
11/1/22	BANK BALANCE WELLS FARG	GO BANK		\$2,227,679.32
		DEPOSITS IN TRANSIT	\$	
		OUTSTANDING CHECKS	\$23,773.43	
			TOTAL	\$2 203 905 8
	RECE	EIPTS THIS MONTH		
11/08/22	INTEREST EARNED		\$815.11	
			TOTAL	\$815.11
		BEGINNING BALAN	CE PLUS RECEIPTS	\$2,204,721.0
	DISBURS	SEMENTS THIS MONTH		
11/22/22 11/22/22 11/22/22	Check #2103 DIRECTV IWF 22-048 Check #2104 DAILY NEWS IWF 22-049 Check #2105 DAILY NEWS IWF 22-050		\$328 24 \$4,200 00 \$2,100.90	
			TOTAL	\$ 6,628.24
				\$2,198,092.7
		IDING BALANCE		
11/30/22	BANK BALANCE	DEPOSITS IN TRANSIT	\$0	\$ 2,226,009.57
		OUTSTANDING CHECKS	\$27,916 81	
	(PLEASE REFER TO ATTACHED	BANK RECONCILIATION SCHEDULE)		
			70711	80 400 000 -
ISIO OM IN	D.R DATE	AUDIT COMMITTEE .	TOTAL PREPARED BY	\$2,198,092 7
ORLANDO	CHANDLER, Captain 12/15/22	JEFF WONG N2799	-	RTER N3754
Cliffi	manding Officer by Services Division	JERR		• '

11/15/20	TTED 1	TIEM(S)	REQUESTED:		CONT	ROL NUMBER
Submi)22		DirecTV			IWF- 22-048
Subini	tted by:	Serial No		Assignmen	t:	Phone
D.O. Cama	arena	N4206		MJS/CSD		
Type of E	xpenditure:	Facility		Section OICA	pprova! Signatui	re: Serial No.
X REC	CCURRING	X MJS	AREAS 2 =			32745
	NEW	77ТН	ALL Adm	Section ger	/iew/Signature:	
OTHER	(explain below)	VJS	OTHER (expla	in):		
Description of e	xpenditure (include	detailed information,	i.e. make, model,	accessory equip	metik size, installatio	on requirements, etc.):
		on for expenditure	o (bour will the	overadities b	anofit inmates):	
Funds are alloc	ated through the	Reason City resour				98.
	ated through the	use of the Inmate	e Welfare Fund	d for the bene	fit of the Inmate	
Estimated Cost	ated through the	Actual Cost:	e Welfare Fund	City App	fit of the Inmate	X Yes No
Estimated Cost	ated through the : \$328.24 of non-City vendor	Actual Cost:	\$328 24	City App	roved Vendor:	X Yes No s over \$10,000)
Estimated Cost List of Compan	ated through the : \$328.24 of non-City vendor	Actual Cost:	\$328 24 stimates (minim	City App	roved Vendor:	X Yes No
Estimated Cost List (Compan	s328.24 of non-City vendor y Name DirecTV	Actual Cost: s contacted for es Contact Customer S	\$328 24 stimates (minim	City App um of three for Phone:	roved Vendor:	X Yes No s over \$10,000)
Estimated Cost List of Company 1 2 3 Vendor Selected	s328.24 of non-City vendor y Name DirecTV	Actual Cost: s contacted for es Contact Customer S	\$328 24 stimates (minim	City App um of three for Phone: B-388-4249 on Selected:	roved Vendor: or new purchases Es \$328.24	X Yes No s over \$10,000)

	DATE SUBMETTED	FreM(s)	REQUESTE	D	CONTR	OL NUMBER
_	11/22/22		WSPAPE		IWE	7-22-049
	Submitted by	Serial N		Assignmen	ie:	Phone.
	D.O. Carter	N3754	1	MJS/CSD	21:	3-356-3460
100	Type of Expenditure:	Facility	y	Section OIC	Appseval Signature	e: Serial No.
X	REOCCURRING	MJS	AREAS		**	,4
	NEW	X 77TH	ALL	Admin Section Re	view Signature:	1
4	OTHER (explain below)	VJS	OTHER	(explain):		
Des	cription of expenditure (natural	detailed informatio	, t.e. make, n	nedel, accessory equip	mest, sze, instalatoi	n regultements, etc.).
To a	subscription to Los Angel	ates have acce	re (flow will ess to a da tle 15 of t	he Corrections a	general circula and Standards	ation, including a Authority for
E-4.	mated Coat: \$4,200.00	Artua, Cost	\$4.20	OG OD CITY ALE	roved Vendor:	Yes X No
Est	mated Cost: \$4,200 00	Aqtua, Cost			roved Vendor:	Yes X No
Esti	List of non-City vendo	rs contacted for e		minimum of three fo	or new purchases	over \$10,000)
Est	List of non-City vendo		estimates (r		or new purchases	
	List of non-City vendo	rs contacted for e	estimates (r	minimum of three fo	or new purchases	over \$10,000)
1 2 3	List of non-City vendo Company Name Daily News	Contacted for e	stimates (r	Phone	Est \$4,200.00	over \$10,000)
1 2 3	List of non-City vendo Company Name Daily News	rs contacted for e Contact Mike Jone ngeles Daily New	stimates (r	minimum of three fo	or new purchases	over \$10,000)

DATE SUBMITTED	TEM(s) F	REQUESTE	Ž:	CONTR	OL NUMBER
11/22/22	NEW	VSPAPE	₹	IWF	-22-050
Submitted by:	Serial No		Assignmen	t:	31010
D.O. Carter	N3754		MJS/CSD		
Type of Expenditure.	Facility		Section OIC /	Approval Signature	: Senal No
X REOCCURRING	MJS	AREAS			
NEW	77 T H	ALL.	Admin Section Re	view Signature:	
OTHER (explain below)	VJS X	OTHER	(explain): HARBOR J	AIL	
Description of expenditure (includ	e detailed information,	не, таке, п	nude' accessory equip	ment, sze, instaliation	requirements, etc.).
early subscription to Los Ange	lee Daily News				
•					
Justifica	ition for expenditure	(how wil	the expenditure b	enefit immates):	
Estimates Cost: \$2,100 00	Actual Cost.	\$2,10	00 00 City A. /.	roved Vendo-	Yes X No
List of non-City vend	ors contacted for est	timates (r	ninimum of three fo	or new purchases o	ver \$10,000)
Company Name	Contact		Phone	Estu	mate
1 Daily News	Mike Jones	-		\$2,100.00	
	Angeles Daily News		Reasor Selected	Price City V	endor Other
	DO NOT W	RITE BEL	OW THIS LINE		
Approved Denied CAPTA(N Object / Fund Chapta Object / Fund Chapta(N	Gunoua Belia		Ser	262.88 at No. 37.52-3 85110	Date: 11/22/22 Date: Date. Date.
Approved Denied Required if Over 1 miles Commanding Officer, A	58. Signature:	_	Ser	ieł No	Date.

ION	TYPE OF FUND INMATE WELFARE FUND		ONTH YE CEMBER 20
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL
	BEGINNING BALANCE		
12/1/22	WELLS FARGO BANK		\$ 2,226,009.57
	DEPOSITS IN TRANSIT		
		TOTAL	\$2,198,092.76
	RECEIPTS THIS MONTH		1
12/08/22	INTEREST EARNED STOP PAYMENT CHECK IWF 22-043 / OCTOBER 2022 CHK#2098	\$942.47 \$7,256.67	
		TOTAL	
	BEGINNING BALANCE PLUS RECEIPTS		\$2,206,291.90
	DISBURSEMENTS THIS MONTH		_
12/2/22 12/14/22 12/14/22	Check #2106 SECURITY DETECTION IWF 22-051 Check #2108 GUARDIAN RFID IWF 22-053 Check #2109 DIRECTV IWF 22-052	\$4,574.52 \$100.00 \$656.48	

ORLANDO CHANDLER, Captain
Commanding Officer
Custody Services Division

1/12/23

JEFF WONG N2799 V.W.
JERRY LEE-194522

DO M.CARTER N3754

TELEPHONE EMELLOCATION

DATE SUBMITT	ED		ITE	M(s) R	EQUESTE	D;		CONTR	OLNUM	REK
11/28/22		V	Valk Th	rough	n Metal	Detector		TOF 2	2-0	51
Şubmitt	ed by:		Serie	al No.			Assignment		Phone	
Allen F	Iayden		N4	461			77th RJS			
Type of Exp	penditure:		Fac	cility		Section OIC Approval Signature:			Serial No.	
REO	CCURRING		MJS		AREAS					31921
	NEW		77TH		ALL	Admin S	ection Rev	iew Signature:		
	explain below)		ZLV		OTHER	(explain):				
Description of ex	penditure (includ	e detaik	ed inform	ation,	i.e. make,	, model, acc	essory equip	oment, size, installatio	n require	ments, etc):
Walk Through l freight. Estimat	e No.1579, \$41	95.00	. Al		h = 20	Ale a service a		2 year warranty,	and mo	tor
There are no Ci	ty or Departme						er expenditu	ure:	OQ*10E	
Estimated Cost:	#4,574.52		Actual C	ost:	tr 4,5	74.52	City App	roved Vendor:	Yes	⊠ No
List of	non City vendor	rs conta	acted for	estim	nates (mi	nimum of t	hree for ne	w purchases over	\$10,000}	
Company	Name	Contact				Phone:			Estimate:	
Security	Detection	1	Randy S	Smith				#4,	574.	52
3						-	-			
/endor Selected:	Security Dete	ection		-		Reason S	elected:	☑ Price ☐ Gity	Vendor	☑ Other
7011401 0010010	300000	n=	DO N	OT W	RITE BE	LOW THIS	LINE		Wide:	200
B	naling Officer / Fund Cha	ir.	S				Serio	i on it	Dole:	
	ANITE ORINO	CHA	s)(B					62.88 ol No.:	Date:	18 - 2022
Member Approved	Authory A. E	1600	1					33176	11-	28-622
Denied Member Approved S4			o,					35110	Date:	28-2022 28-682 28/22
Required if Over \$40,000	Commanding Officer, St	iG:	3				Serk	al No.:	Dale:	
Approved Denied Required # Over \$50,000	Commanding Officer, A	\$8:	Sign	nature:			Serio	al No.:	Date:	
Approved Denied										

	Submitted by: Allen Hayden Type of Expenditure REOCCURRIN			- DE		: : :::::::::::::::::::::::::::::::::::		CO		
	Allen Hayden Type of Expenditure REOCCURRIN		Serio	II Kr	ID Back	Plates		TU	F- 22-052	
	Type of Expenditure		00111	No.		A	ssignmen	t:	Phone:	
	REOCCURRIN		N4		77th RJS					
		**	Fac	cility		Section OIC Approva		pproval Signatu	ure: Serial No.	
	NEW	IG [ZLM.		AREAS	A. Company			- 31921	
	LAEAA		77TH		ALL	Admin Se	ection Re	view Signature:	13:11	
	OTHER (explain b		ZLV [OTHER (explain):				
Desch			ailed informa	ation, i	.e. make, n	nodel, acc	essory equi	pment, size, instal	lation requirements, etc):	
This I device	WF covers (4) repes we use to docur	ment/record act. 77th RJS	ack plates 30 minut 3 has one	(batte Titl	ery cove e 15 inm an hand	rs) for the ate check held devi	e Guardi cs. Back ce curre	an RFID Spart	included in the	
There	are no City or De	partment fu		ated f	or this ex	pense.				
Estima	ited Cost: \$10	00.00	Actual Co	ost:	\$10	0.00	City App	roved Vendor:	✓ Yes No	
	List of non City	vendors con	tacted for	estim	ates (mini	num of th	ree for ne	w purchases ov	rer \$10,000)	
	Company Name		Contact			Phone:			Estimate:	
1	Guardian RFID	1	Misty And	lerso	n.		8		\$100.00	
3										
Vendo	Selected: Guardi	ian RFID			F	Reason Se	lected:	Price C	City Vendor 🛛 Other	
			DO N	OT WI	RITE BELO	W THIS L	INE	1	2010	
5071		Fund Chair:	OCEA			0.77	Serie	ol No.:	Date:	

	TE SUBMITTED		11EM(5) REQUESTE	D:			ROL NUMBER	
	12/07/2022			DirecTV				IWF- 23-057	
Submitted by:			Serial N	lo.		Assignment:		Phone:	
D	O. Camarena		N420	6		MJS/CSD			
Type of Expenditure:			Facilit	ý	Section OIC Approval Sign		pproval Signatu	re: Serial No.	
X	REOCCURR	ING	X MJS	AREAS		- 31		023	
	NEW		77TH	ALL	Admin	Section Re	view Signature:		
	OTHER (explai	n below)	VJS	OTHER	(explain):				
Descri	ption of expendit	ure (include d	etailed informatio	n, i.e. make,	model, acc	essory equip	ment, size, installatio	on requirements, etc.):	
	0-10-1	Justificatio	n for expenditu	re (how w	ill the exp	enditure b	enefit inmates):		
Funds	are allocated the		eason City reso se of the Inma					es.	
				ite Welfar		r the bene		es.	
	ated Cost: \$6	rough the u	se of the Inma	te Welfar	E Fund fo	City App	ofit of the Inmate	X Yes No	
	ated Cost: \$6	rough the u	se of the Inma	te Welfar	E Fund fo	City App	roved Vendor:	X Yes No	
Estim.	ated Cost: \$6	rough the u 56.48 City vendors	Actual Cost	te Welfard	e Fund fo	City App	roved Vendor:	X Yes No s over \$10,000)	
Estimate 1 2 3	List of non-Company Name	rough the u 56.48 City vendors	Actual Cost contacted for Contact Customer	te Welfard	e Fund fo	City App of three fone: 38-4249	roved Vendor: or new purchases \$656.48	X Yes No s over \$10,000)	
Estimate 1 2 3	ated Cost: \$6 List of non-Company Name	rough the u	Actual Cost contacted for Contact Customer	te Welfard	6.48 (minimum Pho 888-38 Reason S	City App of three fone: 38-4249	roved Vendor: or new purchases \$656.48	X Yes No s over \$10,000)	